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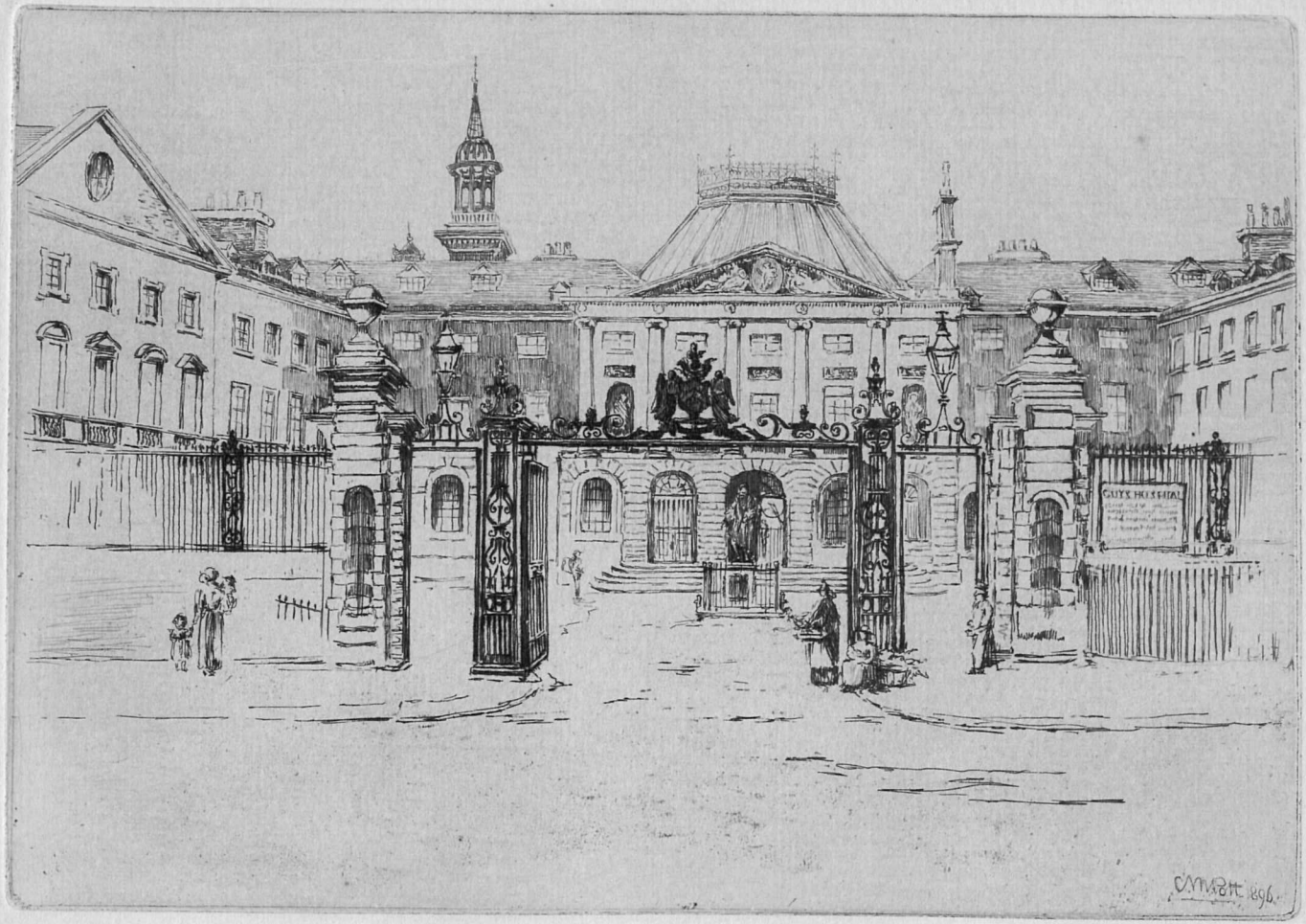

GUY'S HOSPITAL

(Front Quadrangle).

Guy's Hospital Gazette.

FESTIVAL NUMBER.

DARE QUAM ACCIPERE

WEDNESDAY, JUNE 10, 1896.

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Our "Second Birthday."

IT is difficult not to speculate on the probable feelings of Thomas Guy, bookseller, were he cognizant of the happenings of to-day. He would sorrow to see lying untilled and sterile so many of the fat acres that he fondly hoped would provide, "for ever," a comfortable maintenance for his heirs—the successive generations of sick folk and maimed whom fate should bring to his hospital. But he would find no blame to attach to the stewards of his bounty in these later days. He might read with satisfaction the testimony of one of the greatest of our Chancellors of the Exchequer: "I rejoice to find, upon the best examination I am able to make, that Guy's Hospital, instead of being pampered by its former wealth, is distinguished among sister institutions by the vigilant economy of its administration, so that it affords to all contributors the best guarantee for attaining through their contributions a maximum of good." Surely no more flattering testimonial was ever given to the management of an Institution. Our Founder would recognise that it is the inevitable which has happened. The centre of gravity of national life and intercourse has changed, and the produce of the land which he thought (as who did not in those, and in much later days?) the safest of all investments, is now grown in regions he had never heard of, under conditions which, for the present at any rate, make it hopeless for his own farm lands to compete with them. He would regret the stringency of his own well-meant restrictions, and would be fain to remove them, though for us no such course is possible. Yet for upwards of a century and a half, as the Prince of Wales on Wednesday reminded his auditors, the land in which Thomas Guy put his faith sufficed to support his Charity in independence and efficiency; and, may be,—who shall say?—the years will once again justify him. Meanwhile, help must be forthcoming.

But Guy, if he were to revisit the scenes of his labours, would certainly find compensation for the more distressful facts of to-day. He would rejoice to see that his Foundation, after doing its work for so long, has earned a name to conjure with. It has issued an appeal which must be admitted to savour of ambition, yet the response, to judge from the present results, is likely to be historic in the annals of charitable movements.

We are taught to believe in the sweet uses of adversity, though sometimes they are past finding out. To Guy's Hospital, however, adversity has certainly brought its comforts.

While it was able to carry on its work unaided it had no means of judging how well it stood with the nation, or how many friends it had made. Only those who have had some personal knowledge of the growth of our Re-endowment Fund can realize how wide-spread, diverse and whole-hearted have been the efforts made to help us. From Her Majesty downwards, all classes of the nation have responded heartily.

To quote once again from the speech of our illustrious Chairman on Wednesday: "Of the many classes who are so generously responding to this appeal—the financiers and merchants of the City, the members of the London Stock Exchange, the merchants at the head of the great industries, such as those of the textile and furnishing trades, the wood trade, the Commercial Sale Rooms, The Baltic and Mincing Lane—few, if any, have contributed more liberally in accordance with their means than the former graduates of Guy's, who, in all parts of the world, have so actively co-operated with their old friend and teacher, Dr. Wilks."

Among all these classes many have helped, not with money alone, but with actual labour and personal effort. To the Prince himself our debt is enormous. From the time he first became interested in the appeal to the occasion of his acceptance of the post of President, the announcement of which awoke such enthusiasm at the Imperial Institute dinner, he has aided us, not alone with his patronage, but with personal effort and help, such as the most deserving charity could hardly have hoped for, and must be proud to have secured. Finally, he has enabled us to crown the first phase of our appeal with a most noteworthy social function, the importance of which has given to our wants the greatest prominence in the press of the three Kingdoms. To him and to all who have followed his example our deepest gratitude is due.

But we must realize that we have only arrived at what was called above the first phase of our appeal. Our aim is complete re-endowment, and for this continued effort will be necessary.

For any who may cry out upon us for setting our demand so high, there is a convincing answer. Let any such consider how unfortunate is the position of an institution doing its work in utter uncertainty as to whether its necessities for the current year will be forthcoming or not; enervate and depressed by such uncertainty, efficiency is difficult, and enterprise impossible. For, to do its best work, the finances of Guy's Hospital should be upon the same sound basis as they were twenty years ago, and it is to this end that we ask for the full measure of half a million of money.

Said a contemporary on Thursday last, "We have all arithmetic enough to know that half a million single sovereigns make half a million sterling. If London cannot produce a trifle like this for its poorer children it is about time for that New Zealander to sit upon London Bridge."

We do not pretend to think the matter quite so simple as this, but we have faith in the principle that nothing succeeds like success, and believe that the noble beginning we have made points with certainty to a speedy completion of our enterprise. Many, perhaps the majority, of those who will read these pages have already contributed to our fund, but we beg of them to remember that they may yet influence friends, and that annual subscriptions may supplement donations. If we are left with things as they are, noble as is the sum already collected, it cannot be permanently capitalized and must eventually disappear. If we attain to the half million it will be invested in accordance with the best advice that a committee of expert financiers can offer, Guy's will be saved and need trouble the public no more. Begging has never been part of the traditions of the place; it is eager to be done with it, and to settle down to steady work. When this end is attained there will be something to be proud of. An ancient hospital rescued from its troubles and fully re-endowed by private generosity alone, will be noted in social history as a thing speaking well for the feeling of the metropolis and the nation in the last years of the Nineteenth Century.

Guy's Hospital.

A SKETCH OF ITS HISTORY, WITH REMINISCENCES OF SOME OF ITS OFFICERS, THIRTY-FIVE YEARS AGO.

THE ancient hospitals were all religious foundations, the *hospitia*, hostels, hotels or guest-houses, in which the charitable monks received the poor, the infirm and the sick. The infirmary was part of every monastery, but only two of these mediæval infirmaries still exist in London, even in a much altered form. When the great houses were suppressed and their revenues seized or squandered by Henry VIII., St. Bartholomew's was reconstituted as a hospital, in the modern sense of the word, in 1546, and shortly afterwards a gentler sovereign refounded the ancient hospital dedicated to St. Thomas on much the same basis, as a refuge

for the sick, at the same time that he provided Christ's Hospital for scholars, Bethlem for lunatics, and Bridewell for criminals (1553). Both of these venerable and honoured hospitals were put under the protection of the City of London, and to this day their governing bodies are closely connected with the Lord Mayor and the Corporation.

The third hospital in age was that founded by Thomas Guy more than one hundred and fifty years later, in 1721. It was an offshoot from St. Thomas's, of which Guy was a Governor and a munificent benefactor, but it owed nothing to royal patronage or confiscated property, and it was from the first self-governing and independent. Its founder was one of the many worthies of this "nation of shopkeepers" who followed Wesley's advice to "get all you can, save all you can, and give all you can." He was no obscure miser who sought to atone for a life of selfishness by giving away the money he could no longer keep. He was an honoured member of the Stationers' Company, "a great patron of civil and religious liberty," a member of Parliament for his native town, a builder of almshouses, a succourer of honest tradesmen in misfortune, a wise and liberal friend of the poor, who provided handsomely for his own kith and kin before he gave the residue of his fortune during his lifetime to the sick poor of London for ever. He sagaciously laid down the government of his new hospital, named the first president, treasurer and committees (*i.e.*, persons to whom the trust was committed). and lived to see the building almost completed. A few days after his death, in 1724, the first patients were admitted.

At this time, and for many years afterwards, the management of Guy's, as of St. Bartholomew's and St. Thomas's Hospitals, was very different from what we are now familiar with. There were no out-patients, no special departments; medical and surgical cases were indiscriminately placed together in all the wards, infectious cases were not excluded, and the physician did not "go round the wards," but sat to prescribe for any of the patients whose complaints were too difficult for the resident apothecary. House-physicians and house-surgeons were not appointed until a much later date in any London Hospital.

The part of Guy's Hospital first built consisted of the two quadrangles, with the colonnade which now contain the surgical wards, and is still officially called "Guy's House." The eastern wing, with the dressers' rooms, the Governors' court-room, the counting-house, Dr. Perry's and the Treasurer's houses were built in 1738, and remain an untouched and excellent example of the domestic architecture of George the Second's reign, most of which has unhappily been destroyed in modern London. In neither of the two older hospitals is the fabric so complete and so original, for St. Bartholomew's was long ago partially rebuilt, and St. Thomas's was first rebuilt and then entirely removed. The western wing with the present chapel was not finished until 1780, and bears the mark of fifty years later, and inferior, design. The older chapel was what was afterwards used as Esther ward.

The second great benefactor to the Hospital, who may almost be called its second founder, was Mr. William Hunt, of Petersham, who bequeathed £180,000 at his death in 1829 to accommodate at least one hundred additional patients. The money was spent by the Governors in building the large block of buildings which contain the medical and ophthalmic wards, the anatomical museums, and the out-patients' rooms, and is rightly known as "Hunt's House." The staircases and south wing were built in 1852, the north wing not until 1871. There is a small, full-length painting of Mr. Hunt in Mr. Williams's counting-house, and the skeleton of a dog in the museum of comparative anatomy (No. 63 in the catalogue), with a collar round its neck is that of his favourite spaniel. The school buildings were begun by "the great Treasurer," Mr. Benjamin Harrison, who ruled from 1797 to 1848, and have been carried on under the late Mr. Turner, treasurer from 1856 to 1876, and the present treasurer, Mr. Lushington, who has now filled this office for twenty years. The history, however, of these buildings, with the museums and laboratories, belongs to the School, not to the Hospital, with which this paper is concerned.

Of the physicians and surgeons, as of the three honoured names just mentioned, space forbids us to speak except in sample.

Among the more distinguished of the early medical officers were Dr. Jurin, a Fellow of Trinity College, Cambridge, and of the Royal Society, a man eminent in mathematics and in physics and chemistry; he was Secretary to the Royal Society and President of the College of Physicians, and his scientific writings are highly praised by Helmholtz; Dr. Saunders, the founder of the Medico-Chirurgical Society; Samuel Sharpe, an eminent surgeon, whose work is highly praised in the *Geschichte der Chirurgie*, and by Mr. Hutchinson; Joseph Waner, an eminent occulist, surgeon and anatomist, whose

portrait hangs in the council room of the College of Surgeons.

The most striking and famous officer of Guy's Hospital, perhaps of any hospital, was Sir Astley Cooper, a great surgeon, of splendid stature and form, masterful and eloquent, with a frank smile and a pleasant word for everyone, whose presence in any grave case at once brought hope and comfort—a man not equal in intellect to Hunter, nor in achievement to Chesildon, nor in wisdom and character to a venerable surgeon who still lives in the hearts, not only of St. Bartholomew's men, but of the whole profession—and yet a fine specimen of an English surgeon, devoted to anatomy, untiring in labour, keen in observation, bold and safe in action. Few men so successful have been so generally respected, and no name in our profession is even at the present day so widely known abroad as that of Astley Cooper.

Near by the fine statue of this great surgeon in St. Paul's Cathedral, is one of a very different man, his friend and colleague at Guy's Hospital, the elder Dr. Babington; and amid the crowd of statesmen, warriors, churchmen, and lawyers, these are the only two statues to men of our profession. William Babington was an Irishman, with the humour and good breeding of his countrymen, a learned, sagacious, and most benevolent man, universally loved and revered. He raised himself from the subordinate position of apothecary to the Hospital, to be one of its physicians. He was an accomplished chemist, and the syllabus of his lectures delivered in our chemical theatre (1792) shows how well he followed the advances made by Priestley, Black, and Lavoisier. He was a great collector of fossils and minerals, and was one of the founders and afterwards President of the Geological Society. His death in the epidemic of influenza in 1833, in a green old age, was lamented by the whole profession.

His son, Benjamin Guy Babington, was also physician to Guy's. The writer of these lines was taken to him for advice when a child, and can still call to mind his tall, thin figure, (artificially) black hair, spectacles, black satin stock, and pleasant, well-bred manners. Sir William Gull once said that he was the most variously accomplished man he ever knew. He was first a midshipman in the Royal Navy, then a professor of Tamil in India, and beside his work as a physician was a good chemist and physiologist. He first showed that the vital constituents of the blood are not serum and clot, but corpuscles and *liquor sanguinis*, as he called it; he invented one of the earliest mirrors for seeing the interior of the larynx; he was a good shot, a good fisherman, and one of the best amateur boxers in London.

In striking contrast to him was his friend and rival, Dr. Thomas Hodgkin, a very small, stiff figure, with a fine aquiline profile, and, what was then rare, a full beard; a precise, narrow, sincere Quaker, who devoted himself to the cause of oppressed Aborigines, and who died of dysentery on a philanthropic mission in Syria. He and the younger Babington were appointed Assistant Physicians on the same day, but Hodgkin never carried out his appointment. It was before this, while only Curator of the Museum and Lecturer on Pathology, that he made the admirable first catalogues of the Museum, both in Comparative and in Morbid Anatomy, described the remarkable disease known by his name, demonstrated the mechanism and diagnosis of incompetence of the sigmoid valves, and published his original lectures on diseases of the mucous and serous membranes.

Three of Sir Astley Cooper's nephews succeeded him as surgeons: Bransby Cooper, not eminent as an operator, but very popular from his frank and generous character, died while crossing the hall of the Athenæum Club, from sudden and profuse hæmorrhage from the lingual artery. Aston Key was a much more eminent surgeon, but less amiable man; he died almost as suddenly from cholera, in the first invasion of that terrible complaint in 1849. Edward Cock, the third nephew, lived longer, so long that many of our readers remember well his skilful fingers, his genuine simplicity and kindness of heart, his stutter in the wards, his excellent speeches at the Physical Society and the Biennial Dinner, when the stutter completely disappeared, and his frequent visits to the operating theatre after he was *jam rude donatus*. When he retired from office as senior surgeon, he said to the writer how much he felt making his farewell visit to his wards. "Yes," he said, "it was most extraordinary; when I took Sister Accident's hand and said good-bye, she burst out crying." "Well, sir, and no wonder; we are all sorry to lose you." "Ah, but," he continued, "there was something more extraordinary still, I burst out crying myself!" "Dear old Teddy Cock," as we called him! One may explain to younger men that he was as popular as was Arthur Durham.

Of Richard Bright, the son-in-law of the elder Babington, the best known after Astley Cooper of all names in British medicine, the present writer can say nothing from personal knowledge.

He is described as a bright-eyed, stout, little man, with no eloquence and small power of teaching, but a great observer, who not only laid the sure foundation of renal pathology, but first described acute yellow atrophy of the liver, malarial pigmentation and other anatomical facts, and left behind him many shrewd observations in prognosis and in treatment. He was a scholar, a good judge of painting, and as upright, pure-minded and benevolent a man as Babington.

Very different was Thomas Addison, a commanding, hot-tempered, but generous man, tall and powerful in person, dreaded by the idle and worshipped by his clerks, as acute in diagnosis as Oppolyer or as Syme, as eloquent in the theatre as Trousseau or as Paget.

In 1859, Barlow succeeded Addison as senior physician, Owen Rees being second, and Gull third. The assistant physicians were Habershon, Wilks and Pavy. The surgeons were Cock, Hilton and Birkett. The assistant surgeons were Poland, Cooper Forster and Bryant. Oldham was obstetric, and Braxton Hicks assistant obstetric physician; France, ophthalmic surgeon; Bell and Salter (both Fellows of the Royal Society) were dentists; Alfred Swayne Taylor, lecturer on chemistry and forensic medicine; Odling, demonstrator of chemistry; Durham and Moxon, demonstrators; and Fagge and Bankart, assistant demonstrators of anatomy. Of all those who were then about the Hospital, president and treasurer, superintendent and matron and sisters, physicians, surgeons, junior Staff and Hospital and School officers, only one remains, the evergreen Mr. Betts, in the museum.

We taught ourselves the use of the microscope and ophthalmoscope, we coached each other for the examinations, and we learnt our minor surgery from the full dressers.

The entrance to the Hospital, the colonnade, the surgery, the clinical building, and the wards in Guy's House have scarcely been altered since then. The library was much smaller, the museum not half its present size, Hunt's house was only half built, there was only one chemical and one physiological laboratory, and the post-mortem room was in the north wing of the old building.

Personal recollections are, however, more interesting than those of places, and I will conclude with a few words on three of the worthies of Guy's Hospital thirty-five years ago, who have all long since departed.

Thomas Turner was treasurer: a tall, grave man with a shock of white hair, a curious and almost alarming way of rolling his eyes, and a most nervous, embarrassed and awkward manner that made students and junior members of the Staff more nervous, embarrassed and awkward than he was himself; a strict disciplinarian, an ardent volunteer, a liberal supporter of the Physical Society, at the meetings of which he sometimes entered into the debates to the great amusement of the presidents; an extremely bad speaker, an extremely good administrator, an ungainly but thorough gentleman, and one of the most straightforward, truthful, upright, sterling men I ever met.

James Stocker was apothecary to the Hospital, superintending the druggist's shop, acting as house-physician in all the medical wards (for the house-physician's office was not then existing) and also as Dean to the School; for that almost equally dignified post was also in the future. His father had been apothecary before him, and he had long ago succeeded to the office. He was a middle-sized, pale, greyish man, with a stoop and a shuffle, who seemed to us to have arrived at the extreme limit of human life; but old gentlemen of sixty still have that appearance to young gentlemen of two-and-twenty. He went round the wards every evening at nine o'clock, and a few of us were accustomed to meet him in the colonnade, particularly on Wednesday evening to see the new cases. He always used a stethoscope, but did not, I think, hear much by its aid. His diagnoses were not minute but they were very rarely wrong—fever, either typhus or typhoid, pneumonia, rheumatism, pyæmia, phthisis, bronchitis, heart disease, Bright's disease, jaundice, ascites, "some kind of malignant tumour," peritonitis, delirium tremens, lead palsy, apoplexy, paralysis, hysteria. He recognised a nutmeg liver, pyæmia, small-pox and diabetes by the smell. When asked questions he said, "I don't know," or "We will see what the physician says to-morrow"; but sensible physicians were very glad to know what "Jimmy Stocker" thought of a doubtful case. His prognosis was excellent, his treatment judicious and efficient. He knew how to give opium as few have known, he could use antimony, calomel, nitre and ammonia with admirable results. He cured a hysterical fit by "gently and carefully choking the patient." He relieved tympanites by puncturing the colon with a trocar and cannula, and he cured depression of spirits with a blue pill and a black draught. He was absolutely devoted to the interests of Guy's Hospital, and when he died, though his accounts were not in the best order, it was found that the errors were all to

his own loss. To Stocker might well be applied the lines of Dr. Johnson:—

When failing Nature called for aid,
And hovering Death prepared the blow,
His vigorous remedy displayed
The power of Art without the show.
His virtues walked their narrow round,
Nor made a pause, nor left a void;
And soon the Eternal Master found
The single talent well employed.

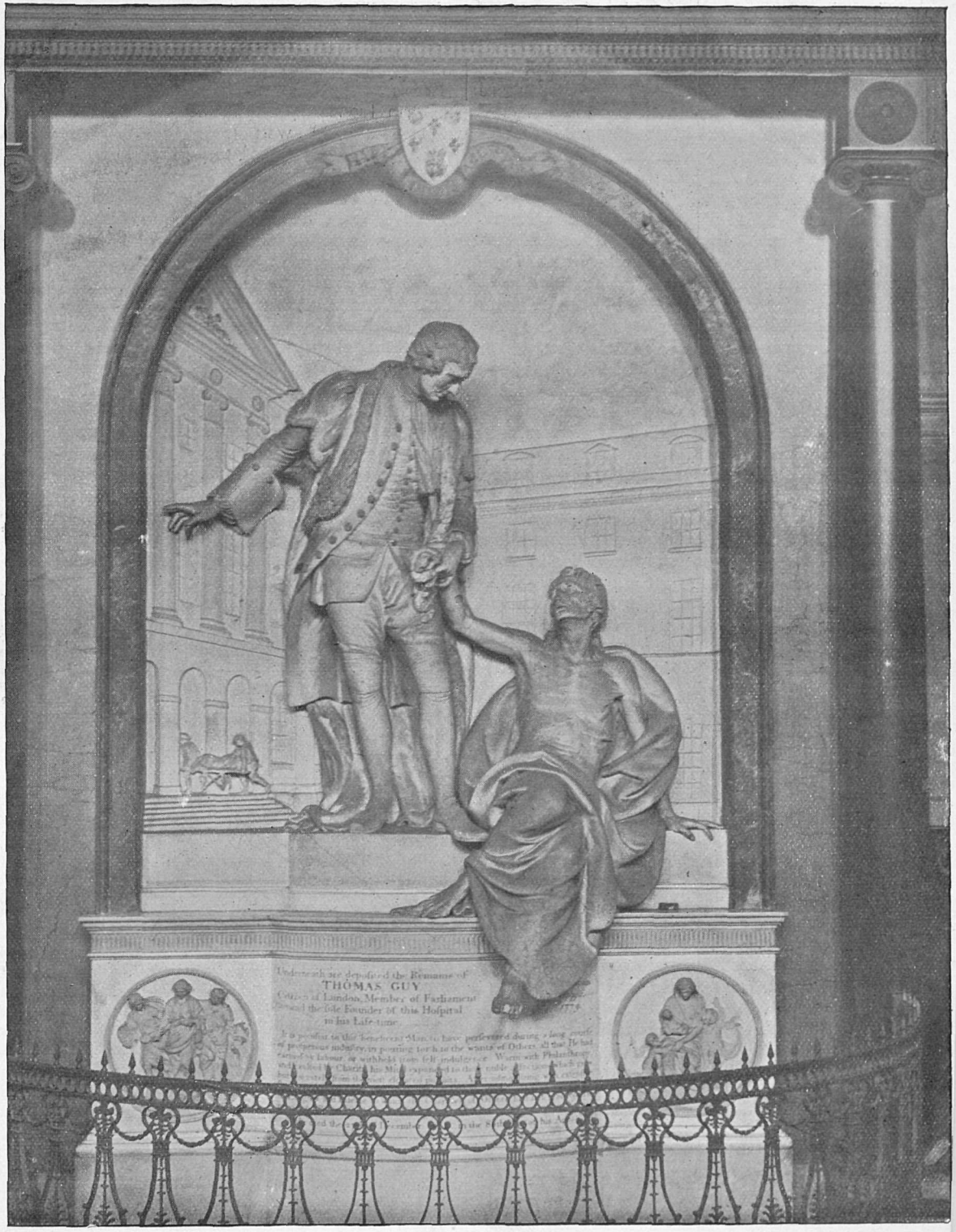
John Hilton was for many years the leading surgeon at Guy's Hospital. In person he was short, stout, and dressed well, with a bright eye and a very pleasant smile. He looked the prosperous merchant more than the man of science. He was a successful operator, but slow and clumsy, the opposite of his assistant surgeon, Poland, who once took off a thigh in twenty-seven seconds. He had no pretension to eloquence, but his homely, practical lectures, illustrated by the most accurate anatomical facts, enlivened by well-told cases and shrewd, sometimes caustic, anecdotes, were the most instructive I ever heard. In the wards he was always enforcing thorough investigation from the fauces to the rectum, reasoning on anatomical facts, and keeping a definite object in view. "John Splints and common sense" was a name he went by, and those who are familiar with his famous "Lectures on Rest and Pain," *le grand ouvrage*, as an eminent French surgeon called it, will appreciate the propriety of both epithets. His "Lectures on the Cranium," reported by Dr. Pavy, is also a most ingenious and interesting performance. He was very severe on his dressers, and gave no quarter to carelessness, ignorance, or conceit. He expected all his fractures to do well, and a blunder was never forgotten. A dresser on whose failures he had been severe, succeeded in saving a thigh from amputation after a punctured wound of the knee, and when the man, on walking out of the ward, warmly thanked Hilton for his life and limb, he answered, "Don't thank me, my man, I wanted to take your leg off; it's your dresser that you must thank." Such praise, generous as it was rare, made Hilton's dressers do their very best.

He was generally thought a hard man; he was unfortunate in some of the relations of life, and was not popular as an examiner at the College of Surgeons, but he was an upright manly character, with a warm place in his heart, as well as a rough side to his tongue. He was nearly fifteen years working as demonstrator of anatomy, and in other subordinate appointments, before he was put on the Hospital Staff, and one reason of this was supposed to be the disfavour of Aston Key. At the first meeting of the Staff, after the death of Mr. Key, the chairman, with whom he had disagreed, referred to the fact, and to the subsequent promotions, without any comment. After an awkward pause, Hilton rose and said that when the Hospital was deprived of the services of so eminent and respected a surgeon as Mr. Aston Key, he could not help saying that for no expression of regret to be made on the subject was a d——d shame.

Between 1859 and 1896, Guy's Hospital has passed through many changes, and those who know it best will admit that all have been improvements. The diet of the patients has been greatly improved, and their comforts still more largely increased. The nursing has been wisely reformed. The operating theatre has been re-built. The drainage and conveniences for cleanliness have been brought close to perfection; and the lying-in charity has greatly increased in extent and usefulness. The one drawback has been the loss of revenue, which has compelled the closure of wards that once were full. To meet this evil a re-endowment of the Hospital is needful, and we trust that this year the huge task will be accomplished. But even then its progress will still go on, for we must each work in the spirit of the Roman motto—*Nil actum reputans dum quid superesset agendum.*

The Career of a Case.

AMONGST the many features of old London that have suffered improvement in the present century, one of the most characteristic is the old river-side, with its low-gabled, tumble-down houses, and its haphazard irregular roadway, that cuts so prominent a figure in Dickens' and Marryat's novels. In its place has arisen block upon block of plain yellow brick, interrupted only by notice-boards, that make the very day hideous by their crudeness, or at best a broad, flat esplanade worthy of the sea-front in a fashionable watering-place. But in one small, forgotten, out-of-the-way little patch of existence the County Council has neglected its duties of improvement, and Southwark is left to boast of a short stretch of unregenerate simplicity, supported on wooden piles, bordered by a few houses worthy of a smuggler's or a press-gang's patronage, looking out across the river at St. Paul's, and known through the dingy inscription on an old stucco wall as Bankside.



THOMAS GUY'S TOMB IN THE HOSPITAL CHAPEL. (FRANCIS BACON, Sculpsit.)

There you may sit within a few hundred yards of the site of Winchester Park, once the possession of the great Bishops of Winchester, or of the Globe Theatre, where many of Shakespeare's plays were produced, or of the bear-pit where Edward Alleyne, the founder of Dulwich College, won his fortune; you may sit and meditate on the freaks of fortune which have changed one of the fairest spots on God's earth into a wilderness of desolute slum and poverty.

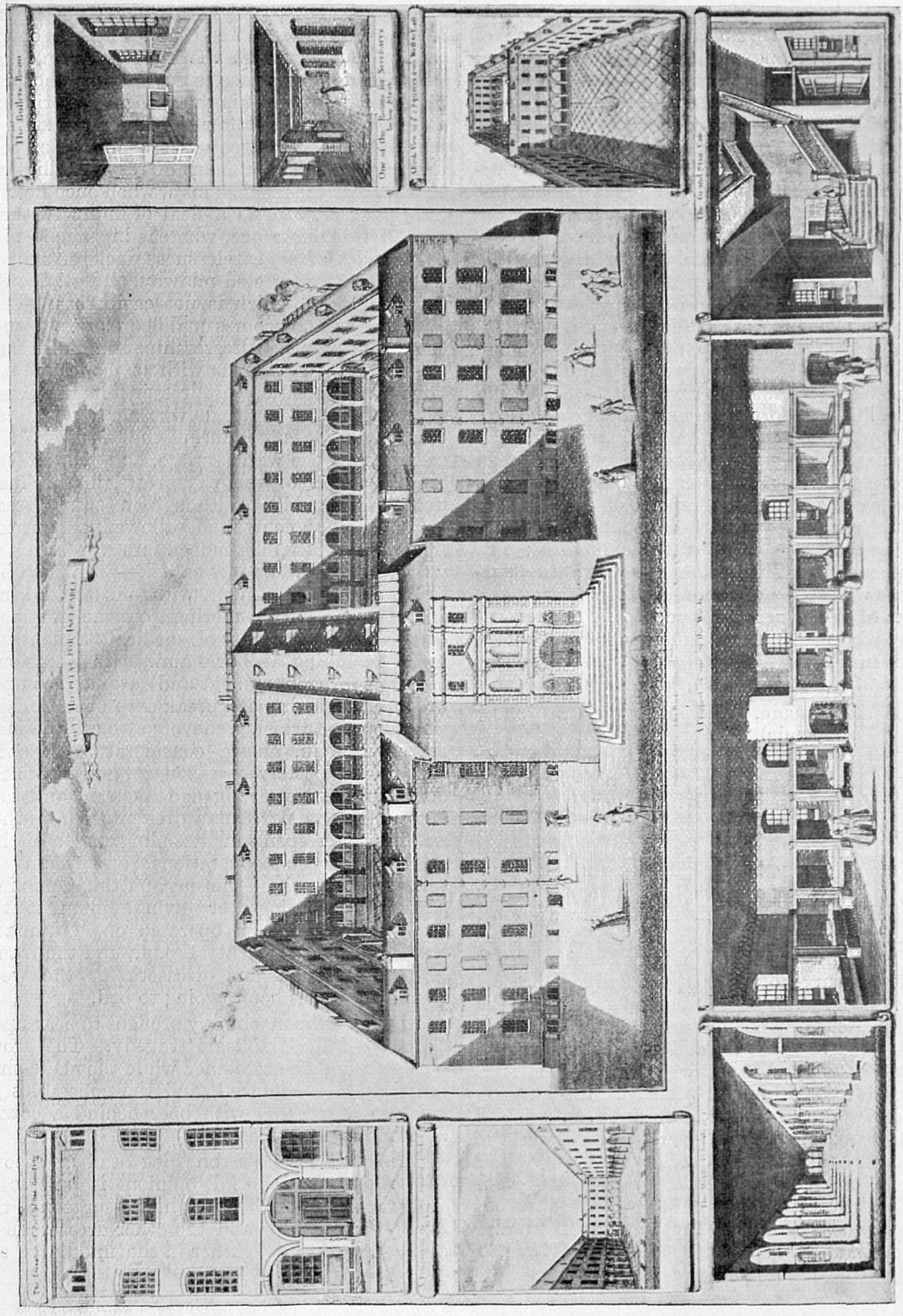
Some few years ago, on a cold winter's evening, when the lights were just lit and flickering in the cold east wind, and the great dome was barely visible across the water, a waggon came lumbering down into this quarter from the direction of Southwark Bridge, laden sky-high with an irregular load of machinery, which jolted about to such an extent that, had you been there, you would necessarily have closed your ears; but the driver was leaning back in his seat and, to all intents and purposes, fast asleep. On the wooden joist which formed the parapet of one of the wharves there sat a knot of brown, weather-beaten watermen, smoking their pipes and occasionally talking over the work in hand. Now, as they gazed in vacancy, the one in this direction and the other in that, the team of horses, dragging their waggon along with difficulty, rounded the corner of an old timber-yard and seemed in imminent prospect of encountering a small child in petticoats who was standing in the middle of the road, with its hair in curl-papers, and its face a happy mixture of dirt and unconscious content. The youngest of the group saw the danger, and quickly as lightning darted across the road under the very horses' nostrils, and with one sweep of his long arm caught the child up by the waist. In time! No, not in time; for turning he slipped on the cobbles, and an awful moment followed as the waggon lumbered along and the watermen gazed into the darkness, spell-bound with horror and helpless against the accident. The spell was over, the driver was awake and flogging and swearing at his horses, and a small crowd had gathered around the two figures lying in the roadway, each one pushing and edging his way to the front, and clamouring in noisy whispers as to what should be done. The child was lying in the road, sobbing piteously and rolling from side to side, evidently little hurt except by fright. The companion figure, however, lay as still as death, with a slight mark on either trouser, and giving an occasional groan, which sent a shudder through the ring of bystanders. Any attempt to move either leg was met by a twitching of the face in agony, which made the mover shrink back in fright, and nothing could be done until a stalwart constable had been fetched from the crowded and noisy thoroughfare close by known as Southwark Street. The constable knew his work, ripped up the trousers, staunched the flow of blood from an open wound, decided roughly the position and nature of the injury, and requisitioning all the handkerchiefs available, carefully secured his truncheon to one leg and to the other a loose spar that was found near, bound the legs together, and was ready for the reinforcement that had arrived in the shape of an ambulance and two more blue uniforms. When everything was arranged, the cover was placed on the stretcher, hiding the injured man from view, and slowly the procession made its way, gathering in strength as it went along, through crooked lanes, across the Borough, and down St. Thomas's Street, to the iron gates of Guy's Hospital, whose crest, surmounted by a figure of Charity and supported by an angel on either hand, stands over the gateway as a surety between the Hospital at its back and the suffering humanity of Southwark before it.* Under this passed the ambulance and the men in blue, while the crowd occupied the greatest positions of vantage outside the gates and discussed the probabilities of the accident with very random guesses.

"What's up?" said the magnificent porter in gold-braided uniform. A short account of the accident was given in reply. "Oh, double compound fracture, I suppose," remarked the porter, with an air of indifference fitted to so great a degree of surgical intuition; "I'll let yer in"; and the stretcher is lifted off and carried into the surgery. "Haccident, sir," says the senior constable, by way of explanation, to a very young man in shirt-sleeves who advances to meet the invasion. The burden is put down in front of the fire, the cover removed from the stretcher, and the straps unfastened.

The Surgery of the Hospital is a bare, deal-panelled, linoleum-floored room, looking out on to the front entrance, and serving for the treatment — morning, afternoon and night—of casualties, and of old surgical cases discharged from the Hospital before they are fully cured.† A few bare benches occupy one end of the room; a chest of surgical dressings stands in the middle, with a specially fine chair in front of it for the treatment of specially interesting cases; and on a bench running along one side there sit a few

* See Frontispiece-etching.

† See illustration, page 13.



GUY'S HOSPITAL FOR INCURABLES. (From an old Picture, dated 1725.)

dishevelled, careless-looking women and a little girl, white and ill, to whom the attention of "the doctor," and the curiosity of the other patients, is being attracted. The young man in his shirt-sleeves, with his waistcoat bristling with an array of safety pins, a pair of scissors projecting from his watch-pocket, is no less a person than a Surgical Ward-Clerk. The Surgical Ward-Clerk is a person of great importance —not in his own eyes, of course, but in those of other persons with whom he works. His is the first appointment held after leaving the dreary blanks of anatomy and physiology; he is perfectly fresh to his work, enthusiastic in the execution of his own duties and those of others which he sees to be left undone, indefatigable in running errands and fetching screens in the wards for his superiors, possessed of high surgical ideals, formed upon his knowledge of the more exact sciences, and consumed with an avid desire to sew up scalp-wounds and open abscesses. His actual duties only imply his writing out in full the reports of cases at the bedside, and plying the thermometer, and using his eyes, for the space of three months; but, from courtesy, he undertakes to "run the surgery" while the dressers are considering the wants of the inner man, and it is he, accordingly, who meets the accident case brought in at seven p.m.

A few questions are asked, and a cursory examination made, sufficient, at least, to show that a dresser might be interested in the case, and so might be sent for by telephone. This is arranged with the nurse, and in a few minutes two or three dressers walk into the room accompanied by the house-surgeon, all being alike in high good humour from the soothing influence of coffee and cigarettes. Here, then, you have representatives of the whole firm or unit of the surgical system, of which units there are four, corresponding to the number of full surgeons on the Staff. Each such unit consists of (1) the house-surgeon, who, as a qualified medical man, receives his board and lodging free in the College, is responsible for the occupants of about sixty beds, and practically carries on the work of the particular surgeon to whom he is attached for six months, whenever the surgeon is not in the Hospital; (2) six dressers, and (3) two or three ward-clerks, of whom the dressers, holding appointment for a quarter of a year, conduct the actual dressing of cases under the supervision of the house-surgeon, while the clerks act as recording angels under the archangelship of the surgical registrar, a superior being, speaking of course only generically, who is biding his time for a place on the Staff. But, although the house-surgeon is responsible for every case that comes into hospital under his surgeon, it is the recognised principle at Guy's always to allow the senior students as much freedom of treatment as possible, with the corresponding amount of responsibility entailed, since the medical man, when once he gets into practice, can do a deal of injury without much let or hindrance, whereas in the hospital the results of his carelessness, lack of skill or ignorance are arrested midway, and a lesson is thus inculcated which is not easily lost. Thus every man who becomes qualified passes through the three months' dressership, and during one eventful week shares with a colleague the honourable position of dresser for the week. As such he has to decide whether any surgical case that comes up during the week shall be admitted to the wards or no, and if admitted, the treatment of the case rests in the main upon his shoulders, although in actual treatment he is, of course, not allowed an entirely free hand. Terrible indeed are the trials of "take-in week," as it is called,—an official bed in an official apartment, with official furniture of hoary antiquity, suffering from the treatment of many generations of medical student; a night beginning at 2 or 4 a.m., with occasional intervals for (refreshment and) attendance upon urgent cases, a hurried breakfast in the College, three hours' dressing, devoted to all the new cases taken in, and a consideration of cases that might possibly be taken in, and treatment of cases that were long ago taken in and sent out under the particular dresser's care; then an afternoon spent in attending and assisting at the surgeon's operations, an evening in revising the work of the day, putting on splints and plaster casings, or giving opium to the cases that have been operated on, and finally the dressers' supper at 11 p.m., and the tramp of house-surgeon and dressers for the week round the wards before going to bed.

Such was the machinery brought to bear upon the hero of the Bankside tragedy. The group cluster round the stretcher while the make-shift dressings are removed, and the constables go away to be regaled with beer behind a corner at the dresser's expense.

One dresser feels one leg and a second the other; a doubtful opinion is expressed and contradicted by the house-surgeon; the house-surgeon feels and the other dressers feel; and at length they gather in the middle of the

HUNT'S HOUSE (MEDICAL WARDS).

room and discuss the possible injury to the knee-joint—quite a minor debate—as if their lives depended on it, while the ward-clerks are left in full possession of the case. The case, or rather the patient—what of him? He lies all the while as still as marble, under control of that wonderful law of Nature by which pain is its own undoing, and the greatest shock is unfelt by reason of unconsciousness. In a minute more fresh splints and dressings are applied, and the stretcher is again raised by the refreshed constabulary, and slowly carried down the dimly-lighted Colonnade to one of the Accident wards, where the patient makes but a temporary stay, for immediate treatment has been decided on. Off goes a ward-clerk to fetch the assistant-surgeon from his house close by; the dressers and house-surgeon, or H.-S., as he is usually termed, meanwhile run up to the Operating Theatre to make all necessary preparations, switch on the electric light, light the gas-lamp and throw into the boiling pan sundry knives and scissors, hammers and chisels, saws and needles from a neighbouring glass-case, turn on the light, warm the table, prepare the cat-gut, silk and salmon-gut for sutures, and in general make all the arrangements that virtuous dressers are wont to make. Up comes the Sister of the Accident ward, with nurse and ward-clerk laden with sheets and blankets, and bolsters and macintoshes, and trays of drugs and bandages, and other things that may be called in need. Up come the other dressers carrying the patient, now clothed in cleaner and more suitable things, and deposit their burden on the table, while the H.-S. ranges himself on a kind of conductor's stool at the head of the table, and plies the ether bottle and celluloid face-piece. Up comes, last of all, the assistant-surgeon, a tall, well-dressed, powerful looking man, with a scalp which has almost reached the coveted degree of baldness, and a slight iron-grey beard, which denotes him some two-and-forty years of age. He passes through the doorway chatting about the day's football with the clerk who has brought him up, and then, having gleaned the details of the injury from the H.-S., proceeds to take off his coat, tuck up his sleeves and wash his hands, while the patient is rapidly anæsthetised. Further preparations are made, two dressers wash their hands and put on long macintosh cloaks reaching to the ground, and over them long aprons that have been boiled clean like the instruments. The surgeon arrays himself similarly, and the remainder of the "firm" take up their position on the railings of the raised tiers which rise up from the operating table on three sides of the amphitheatre.

The assistant-surgeon, of whom there are four, is attached to the corresponding full-surgeon. His chief duties are in the out-patient department, for which he is served by a separate staff of dressers; but he has also the duty of living near the Hospital, and looking after the full-surgeon's cases whenever the latter is not at hand and the house-surgeon may require advice or assistance. He has spent some ten years of his life mainly in the drudgery of teaching elementary work to the junior men in the school since the time that he was himself house-surgeon, and now that he is actually an assistant-surgeon on the Staff, he is beginning to make a considerable consulting practice through cases sent him by medical men who had known him either as fellow-student or as teacher.

This evening the work is by no means easy, and an hour and a half pass before the theatre is restored to its original state of repose, and the patient to his cosy bed in the corner of the ward downstairs, with a screen at the foot to attract the inquisitive. The surgeon returns to his half-eaten dinner, the dressers, some to their scalp wounds and broken fingers, and others to their pipes and whist party, while "the case" is for a time forgotten in the whirl of other interests and the claims of the appetite.

And now supper is over and the firm dispersed. By one a.m. the greater number are not far from their pillows, which some have reached by a ten minutes' tramp through the slums to Trinity Square, others by a 'bus or railway journey to Clapham, Hampstead or Norwood, and the remainder by strolling along the subway and mounting many flights of stairs to their rooms in the College. But the dressers for the week are still patrolling the wards and conversing with the nurses on duty concerning the progress of their cases and yet anon of other things; while the energetic ward clerk makes ready the plaster for a "Croft" or plaster casing, which is to be applied to one leg of our accident case downstairs; and the *blazé* ward clerk talks glibly in the surgery of other things. At last, by three o'clock even they are in bed, while the porter and a worthy old Irish nurse are the only signs that the Hospital is still open to any that require help, and a flickering in the windows betokens the night nurse who is left alone in charge of each ward, and has plenty to do in attending to her two dozen patients and preparing for their breakfast at six o'clock. Our patient has been sent to sleep with a

morphia injection, and the only sound is an occasional cry from a restless child who is soon stilled by the nurse into sleep.

The morning comes, and by ten the night nurses have gone off to play tennis at Honor Oak Park, while the day staff has taken their place, the clerks are about again writing out reports, the dressers and house-surgeon are breakfasting, and a bevy of ward clerks and others soon up for the "Finals," are being instructed in the theories of surgery by the Surgical Registrar at each bed in turn. The dressers at length leave their breakfasting, and crossing to the wards, put on the cassock and surplice of aseptic surgery, and wash their hands, while the nurses bring the "dressings for No. 24, please," and the ward clerks arrange screens round No. 24's bed. The patient is not looking very well to-day. One leg has been amputated below the knee and seems to be doing well; the other is in parlous state, and must needs be seen by the house-surgeon. On the following day the full surgeon examines the case carefully and decides to amputate the second leg, and the poor man, able to think of little but his pain, receives the announcement with perfect indifference. The next day the surgeon comes at 1.30 punctually, and takes possession of the theatre, which is crowded to the ceiling for the most part with juveniles in their first or second year of medical work, who do not know, misguided souls, how they may more profitably spend their time. The operations go on as in the one described above, the surgeon only explaining to the audience beforehand the nature of the case and working somewhat more quietly and naturally.

On Sunday visitors are admitted for two hours, and by two o'clock the gates separate from the hospital a dense seething mass of some 400 men, women and children, with oranges, eggs, flowers, books, and toys, who, as the clock strikes two, swarm in upon every ward. Our patient and his friends may be seen in the picture of Accident ward on p. 15. Not far off is the little boy who figures on p. 21. At four the relentless bell rings, and the visitors leave the ward, while the patients drown their cares in tea and stifle them with thick bread and butter.

In three weeks' time our patient is well on the road to recovery. He reads his paper every morning, chats with the clerks and nurses, chaffs the gouty patient in the next bed about his toe, and makes small wagers with the man who has lost an arm, and the boy who broke his skull but is now nearly well, as to which will first receive his discharge. After six weeks he is allowed to get up after tea, which is especially lucky, as it is getting close to Christmas-time, and there are great things going on in preparation for that festival. The maimed man is discharged to the Swanley Home. The "firm" have subscribed a sufficient sum of money to set him up in trade, his employers have given him two fine wooden legs, and he is as happy as the day is long: so ends the visit of this patient to Guy's, and there are many such to be seen in our wards or whose cases are recorded in the yearly registers.

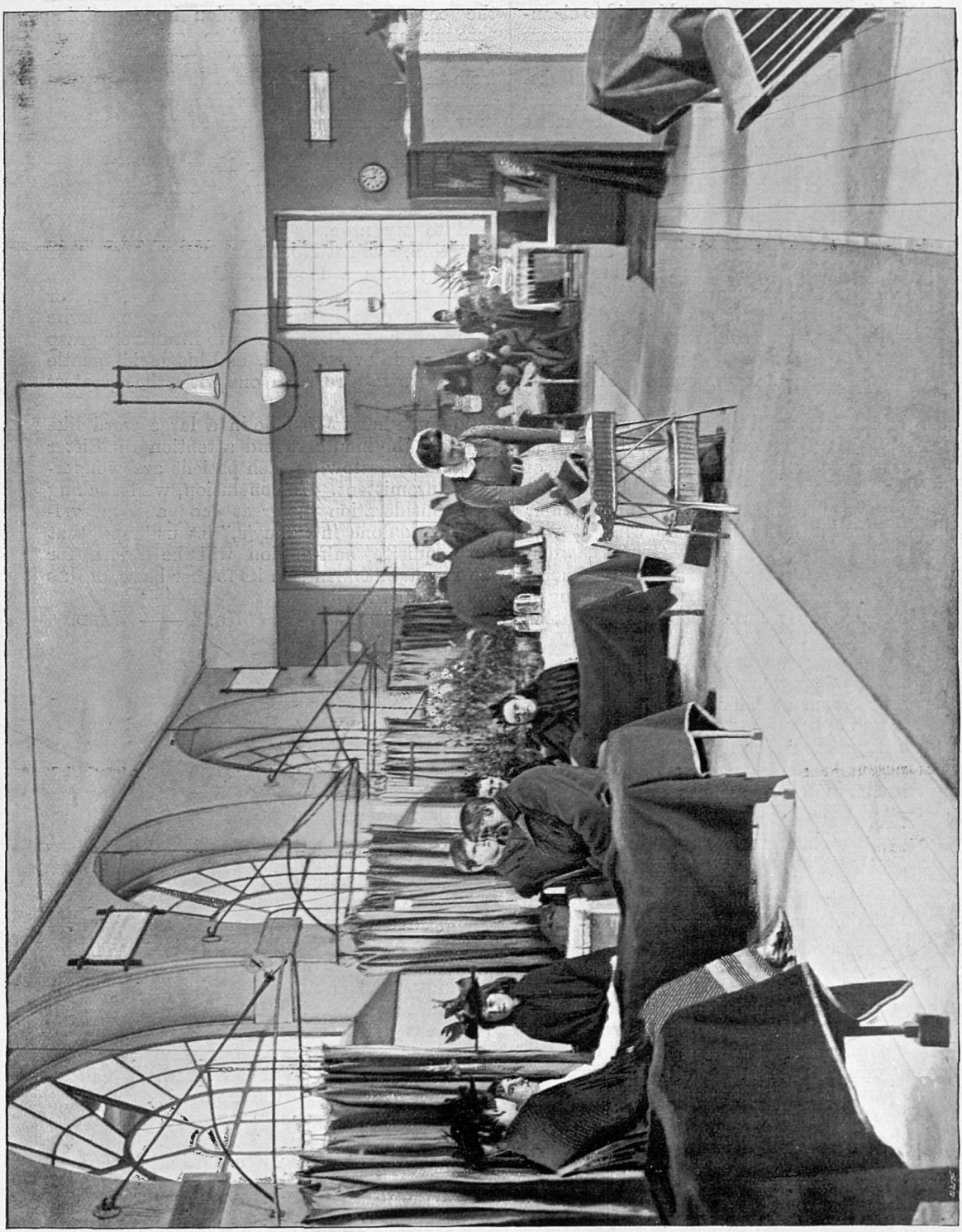
A Patient's Life at Guy's.

HAVING been a patient of some three months' standing, or rather, reclining, in one of the surgical wards of Guy's Hospital, I have been requested to write something of my experience for the GUY'S HOSPITAL GAZETTE.

Little did I think, a year ago, of doing such a thing as this, for the accident which was the first cause of my being here, happened to my knee in the "back country" of New South Wales. What experiences I have had in four hospitals previously are not wanted here; so, suffice it to say, that early in March last I was admitted to "Guy's" with a leg as tortuous as a corkscrew, and bent at an angle, so that I could only just touch Mother Earth with my toes.

On admission the Sister takes your name and address, and after a bath you are shown to a bed of comfortable proportions (in one hospital the bed I was on measured exactly 2 ft. 3 in. across). You have not been there long before a gentleman, presumably a lecturer,* marches in, followed by students in battalions, who array themselves around your bed, and after inquiring into your case the aforesaid gentleman explains it all to them, "in words of learned length," but not "of thund'ring sound." That is for *their* benefit. Soon after the surgeon comes in, examines you, writes something on your "Bed-letter," and gives certain instructions to the Sister and nurses. That is for *your* benefit. Now for the day's routine. At six in the morning you are awakened, those, who can perform their own ablutions, and the breakfast appears. Slices of bread and butter, and sometimes eggs, are brought round, with tea in mugs, which are much too thick ever to get fractured! Beds are then made and floors swept and

*The Surgical Registrar.—ED.



VISITING DAY IN "ACCIDENT" WARD.

scrubbed; that scrupulous regard is paid to cleanliness goes without saying. At ten, lunch appears and then the business of the day commences with the arrival of the dressers, clinical clerks, etc., when the house-surgeon makes his morning round. This soon brings dinner on the board at twelve, which consists of meat and vegetables for those on full diet, with that staple product from the land of the Heathen Chinee—not tea, but rice. After the morning bustle, the afternoon is comparatively quiet except on Sundays and Wednesdays when visitors come, and there are generally troops of them. Tea is at four o'clock and supper at seven, whereupon Sister reads prayers. At eight o'clock, summer and winter, the hospital day, unlike the natural day, invariably closes, leaving a long night—if you are not in pain—for meditation, sweet and hush'd repose.

It is then that one likes to lie and think of things afar off and near at hand. This ward is one of the oldest on the original foundation of 1725. One thinks of the innumerable patients that have been lying here, and of all their varying ailments. One wonders what it was like in the time of the early Georges, when some of our great-great-grandfathers were here, and talked of the glorious victories of Dettingen and Fontenoy, as we now discuss the latest victory on the Nile or at Buluwayo! They have left no traces behind—not even inscribed their names, as for instance, in the celebrated upper schoolroom at Eton—Yet stop! What is that dangling before me? Here is something that has helped to raise more patients than any single surgeon! It is the handle of my pulley, and across it, in deeply cut capitals, I find the legend—"WILL ADDEMS, Sept. 7th 1820." Can this be the immortal Will Adams of Waterloo fame? Alas! That the name should be so prosaic!

Yet surely the present may claim attention too. In the Naaman ward there are twenty-two beds, and in them lie specimens of humanity which are, like the ruins of the American tourist, "*so dreadfully out of repair!*" The seven ages of man are all represented, from the shockingly debilitated little boy with the dreadful hip disease to "Old Dad," the sturdy old Yorkshireman opposite, in his eighty-eighth year, who has just gone through an operation like a brick—"he is of such stuff as *iron* is made of"—and he looks like a prospective centenarian. During the three months I have spent here, every patient admitted has had to go under an operation, and those who come, for whom nothing can be done, which is but rarely the case, may well abandon hope. Going through an operation is like going through a dark tunnel, and upon emerging therefrom the first sensation is a jubilant one; at least such was my experience, when I went in with my crooked leg and came out with a straight one.

It is curious what queer ideas patients have of the anæsthetic apparatus. "Old Dad," before alluded to, described it as a "rusty tin can, held to my nose, foller'd by such a choking sensation," whilst No. 21 said it was just like inhaling from a football. Twice a week are the regular days, besides operation days, for the visits of the senior surgeon, who, as he goes from bed to bed, seems to intuitively grasp each case in every detail, and his genial gentle manner to inspire each one with the greatest confidence.

So much has to be done in a large ward like this that the kind care and attention the Sister and nurses bestow on each patient are wonderfully unremittent. In conclusion, whilst taking into consideration the great good and marvellous work done in "Guy's," let us hope that the requisite half-million will be raised for the re-establishment, on its former basis, of this glorious Institution.

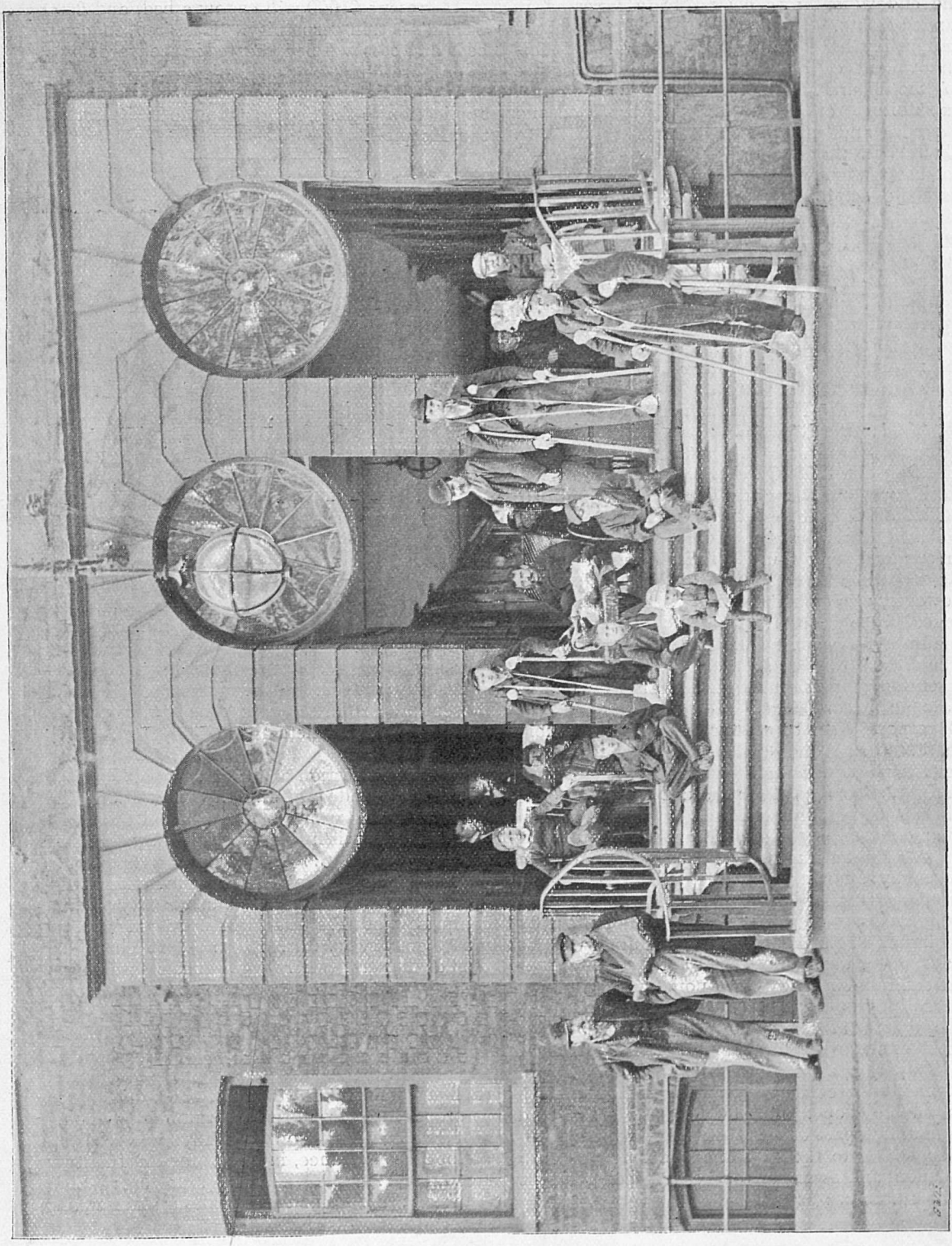
No. 4 —— WARD.

Guy's Hospital.

THE HISTORY OF RE-ENDOWMENT AND THE FESTIVAL.

THE history of Guy's Hospital is most simple in point of fact, and yet of the most profound interest and significance. It illustrates the noble lengths to which the charity of individuals in past centuries would go, and to the enduring and inestimable benefit which those charities have conferred on rich and poor alike. Founded in 1725 "at the sole costs and charges of Thomas Guy, Esquire," this Hospital has since that time, and out of its own resources, fulfilled all the functions of a great public institution, thereby relieving the community at large from a heavy burden of care and expense, and its Medical School has yearly sent forth the most highly trained Physicians and Surgeons for the service of the public.

This most satisfactory condition of affairs might be in continuance at the present time but for the downfall that has overtaken British agriculture. Under the will of the Founder



CONVALESCENTS ON THE COLONNADE STEPS.

the endowment was compulsorily invested in landed estate, and the depreciation which time and policy have wrought in the value of this endowment can best be seen by a reference to the figures. Confronted with an annual expenditure of upwards of Forty Thousand Pounds, and an assured income reduced to about half that amount, the Governors found themselves under the necessity of either closing half the establishment, to the great suffering of the poor and to the general loss, or of appealing to the public to make good the reverses sustained.

The latter alternative was chosen, and accordingly, in June, 1895, the Governors formally appealed for subscriptions of £20,000 per annum to a Sustentation Fund, at the same time taking steps to render the appeal fruitful. General attention was first directed to the condition of the Hospital finances by a powerful letter from the Rt. Hon. W. E. Gladstone, the Senior Governor, which appeared in the public press on the 30th October last. The response to this was of a very gratifying nature, and the deficit on the 1895 account more than made good. Certain sums received were marked for investment, and thus the small nucleus of a Re-endowment Fund was formed. Little hope, however, was entertained of this Fund assuming considerable proportions until the early part of the present year, when His Royal Highness The Prince of Wales graciously intimated his intention of presiding at the Festival, which is now an accomplished fact. Thereupon the Governors decided, after careful consideration, to take their stand on Re-endowment, to which course His Royal Highness gave his consent, and a further appeal was issued for an amount of half a million sterling for investment, in augmentation of the original endowment. That appeal has been most generously responded to in many quarters, but the total received—of which particulars are published on page 31—only amounts to a first instalment of the sum required. This Re-endowment Fund will be kept open until complete, but pending that consummation, the Governors invite annual subscriptions to the Sustentation Fund to the extent of the deficiency on the endowed income.

That the appeal of Guy's Hospital will ultimately receive a complete response is a justifiable hope, in view of the great and honourable past of an Institution which is indispensable to the sick and suffering of South London, and essential to the well-being of the whole nation.

At present £1000 will endow a bed, and £500 a child's cot, in perpetuity. If desired, endowed beds and cots will be indicated in the wards by a tablet, brass-plate, or otherwise.

Any official information may be obtained on application to the Secretary to the Treasurer, at the Hospital.

Guy's Hospital Banquet at the Imperial Institute.

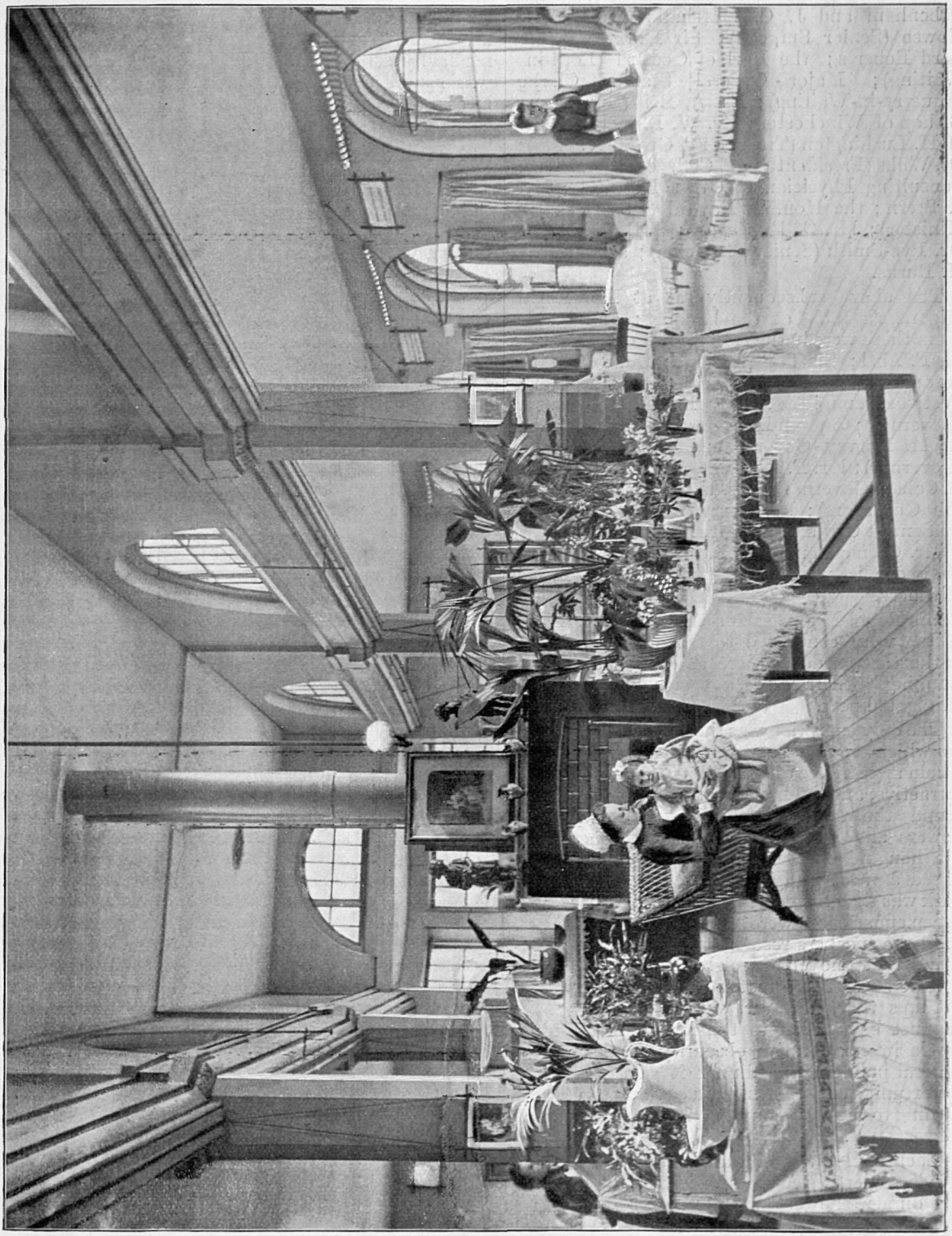
WEDNESDAY, 10TH JUNE, 1896.

The Speeches from the Shorthand Notes of ARTHUR F. CHAPPLE, 81, Chancery Lane, London.

THE Dinner and Reception at the Imperial Institute on Wednesday evening may be looked upon as unique events in the history, not only of the Hospital, but of the nation, and it was fitting that the Festival should be held in a place representative of the whole British Empire. On the whole, the proceedings were an undoubted success, qualified only by circumstances beyond the control of the festival officials. Such, for instance, was the rain, which fell continuously the whole day, and only stopped for a short time in the evening, after making everything thoroughly cold, wet and uncomfortable. Had it not been for this, the numbers at the reception would have been inconveniently large, and it is for those who were present a certain cause of congratulation, that of some 12,500 tickets issued only some 6,000 were used.

At the suggestion of the Prince of Wales a most novel and praiseworthy innovation was made in the arrangement of the banqueting hall, which in this instance was the new summer dining room in the east garden, a handsome and admirably decorated apartment. Somebody has said that the ideal dinner party should comprise not less than three nor more than nine persons, but hitherto those in charge of public dinners, where the guests are often counted by the hundred, have not been able to achieve perfection. Instead of grouping the guests, therefore, round a number of long tables ranged up and down the room, they were on the present occasion seated at sixty small ones, each accommodating eight persons, distributed at proper intervals in the great dining pavilion.

H.R.H. THE PRINCE OF WALES was received at the East entrance, in the Imperial Institute Road, at 7.20 p.m., by the following:—Lord Alington; Rt. Hon. A. J. Balfour; Messrs. F.



IN MIRIAM WARD.

Debenham and J. C. Marshall; Mr. H. G. Howse (Senior Surgeon); Sir Harry Keppel; Lord Roberts; the Earl of Gosford (Lord-in-Waiting); Major-General Stanley Clarke (Equerry-in-Waiting); Mr. A. Beit (Governor); Bishop of Winchester; Mr. W. L. T. Foy; Mr. E. H. Lushington (Treasurer of Guy's Hospital); Dr. Wilks (President Royal College of Physicians: Consulting Physician to Guy's Hospital); Mr. J. Stern; the Hon. T. Bayard (United States Minister); Mr. C. E. Keyser; J. B. Robinson; Dr. Pye-Smith (Senior Physician); and Mr. W. H. Burns.

The above subsequently sat at His Royal Highness's table at the banquet; and beside them there were in the Reception Committee:—Sir F. Abel; Sir Somers Vine; Duke of Marlborough; Mr. C. Sykes; and the Governors' Festival Committee:—Mr. H. Cosmo Bonsor (Governor); Captain Hart-Davis (Governor); Mr. R. M. Harvey (Governor); Mr. F. H. Norman (Governor); Mr. F. A. Lucas (Governor); Mr. A. L. Cohen (Governor); Mr. H. Williams (Clerk to the Governors); Dr. Perry (Medical Superintendent at Guy's); and Mr. A. D. Fripp.

Mr. Cosmo Bonsor, M.P., presented those on the above list who were not known to His Royal Highness.

His Royal Highness and the Reception Committee were conducted to the dining pavilion in the east garden, where the 500 guests were standing by their chairs, at tables each prepared for eight diners.

The only exception was the Prince's own table, at which twenty-one gentlemen dined. The whole appearance of the dining-room was most attractive, and the little knots of figures grouped round the tables, piled high with fruit and flowers and lit up by a gentle shimmer from the hanging clusters of lamps and ferns, produced a most pleasing effect. The only drawback was that the central table was hardly more conspicuous than were the rest, and it was not until the speakers rose in turn, and not always then, that the chief celebrities present were revealed to the greater number of guests. Perhaps that, however, was an advantage, for it must be a relief to the former to eat their meals in comparative obscurity, while to the general public of the dinner it gave a greater opportunity of forgetting the obvious topic, and turning to the wider and fresher fields of general conversation.

Each table was put under the charge of a Guy's student as Assistant Steward, who, before the dinner, showed guests to their places, and on the entrance of the Prince at 7.30, reported all vacant places to the secretaries, who immediately sent in substitutes; thus the room was completely full, and a certain number of late arrivals and students, who had served the cause best, were able to take part in the dinner. The arrangements were perfectly carried out, and two pillars of society, at least, whose experience in the matter is indubitable, declared in our hearing that they had never been so well served at a public dinner. So energetic, indeed, were the efforts of the waiters that one of our chief and most esteemed contributors was mistaken for an idle hireling and had eighteen forks thrust into his hand, with instructions for their distribution; whereby he will assuredly meet with the sympathy of our readers. The menu was good and not wearisome, the electric light sufficient and not too brilliant, and our own personal comforts were further secured by the place on our left remaining, by mistake, vacant, a mistake which we did not go out of our way to rectify. Being seated on the confines of the dining-room, which opens without anything more than a paling on to the garden, we personally were certainly well ventilated, and the band of the Royal Horse Guards (Blues) being stationed within whispering distance, we did not fail to catch the selection from "The Mikado" or Ganne's "La Czarine," or other stirring music with which they enlivened the proceedings.

The National Anthem was played as the Prince of Wales took his place. Grace was said by the Bishop of Rochester. Among those present, in addition to the guests sitting at the President's table, whose names are given above, were:—

Sir Fdk. Abel, Bart., R. B. D. Acland, Esq., Dr. Adeney, Very Rev. Dr. H. Adler, L. Albu, Esq., Dr. C. Allbutt, H. J. Allcroft, Esq., A. Allport, Esq., C. G. Arbuthnot, Esq., Sir Arthur Arnold, Right Hon. E. Ashley, John Aste, Esq., Dr. Atkins, J. H. Badcock, Esq., C. Bader, Esq., W. H. Bailey, Esq., A. H. Baker, Esq., J. Banks, Esq., W. T. Banks, Esq., L. G. Barber, Esq., C. Barclay, Esq., R. Barclay, Esq., J. A. Barham, Esq., F. Barker, Esq., John Barker, Esq., Henry Barnato, Esq., C. A. G. Barrow, Esq., Samuel Barrow, Esq., Hon. Thos. Bayard, Dr. E. Beale, A. P. Beddard, Esq., C. Moberly Bell, Esq., F. A. Bevan, Esq., Rev. Professor Bevan, Col. S. Bevington, Sidney Bicknell, Esq., M. Biddulph, Esq., M.P., Dr. F. R. B. Bisshopp, "Black and White," S. J. Blackwell, Esq., Hy. Blatherwick, Esq., J. C. Blaydon, Esq., Sir Jas. Blyth, Bart., C. T. Bolding, Esq., H. B. Bolus, Esq., H. Cosmo Bonsor, Esq., M.P., F. Booth, Esq., Dr. Bosworth, Hon. A. Bourke,

A VISIT FROM MOTHER.

C. A. Bovill, Esq., Rev. C. H. Bowden, W. H. Bradford, Esq., W. A. Brailey, Esq., Major W. Bridges-Webb, Dr. J. M. Bright, "British Medical Journal," C. de Broë, Esq., Dr. Brogden, Lord Willoughby de Broke, W. G. Brookman, Esq., Herbt. Brooks, Esq., A. H. Brown, Esq., M.P., Harry Brown, Esq., R. Stanford Brown, Esq., Thos. Bryant, Esq., J. H. Buckingham, Esq., T. A. Bullock, Esq., R. C. Bunbury, Esq., Fredk. Burdett, Esq., H. C. Burdett, Esq., R. H. Burdett, Esq., W. L. A. Burdett-Coutts, Esq., M.P., R. W. Burrows, Esq., H. O. F. Butcher, Esq., Chas. Butler, Esq., W. Candy, Esq., H. Cardin, Esq., F. Carey, Esq., Wm. Carnelley, Esq., C. E. Carpmael, Esq., F. C. Carr-Gomm, Esq., Earl Carrington, A. B. Carter, Esq., R. K. Causton, Esq., M.P., Jas. Chapman, Esq., W. L. Chubb, Esq., M. Church, Esq., Fredk. Churchward, Esq., A. V. Clarke, Esq., Dr. W. F. Cleveland, Gen. E. H. Clive, Walter Cobb, Esq., Viscount Cobham, F. W. Cock, Esq., Dr. W. Cock, A. C. C. Codd, Esq., A. L. Cohen, Esq., B. L. Cohen, Esq., M.P., S. F. Cohen, Esq., H. W. Collins, Esq., Fdk. L. Cook, Esq., M.P., W. Cook, Esq., Lord Cottesloe, J. Crew, Esq., F. Crisp, Esq., W. H. Crosse, Esq., Lieut.-Col. Curtis-Hayward, "Daily Chronicle," "Daily Courier," "Daily Graphic," "Daily Mail," "Daily News," "Daily Telegraph," G. W. Daniell, Esq., N. C. Davies-Colley, Esq., Sir Edwyn S. Dawes, J. F. W. Deacon, Esq., E. Debenham, Esq., Earl of Denbigh and Desmond, T. A. Denny, Esq., Baron D'Erlanger, T. C. Dewey, Esq., H. Dickens, Esq., E. Dimsdale, Esq., Dr. J. Dixon, G. P. Doolette, Esq., S. Downing, Esq., L. A. Dunn, Esq., H. Durbridge, Esq., Fredk. Durham, Esq., Wm. Duttson, Esq., Geo. Eastes, Esq., Dr. T. Eastes, W. Edmonds, Esq., Lord Egerton of Tatton, Lord Elcho, E. D. Ellis, Esq., Thomas Ellis, Esq., Hon. E. Ellis, D. Evans, Esq., D. H. Evans, Esq., Rob. Faber, Esq., C. T. Fane, Esq., Sir H. Farquhar, Bart., M.P., Aldn. G. Faudel-Philips, J. F. Fawcett, Esq., Dr. J. Fawcett, H. Fellowes, Esq., Duke of Fife, K.T., E. G. Finch, Esq., L. P. Ford, Esq., Dr. E. B. Forman, Dr. Forty, H. S. Foster, Esq., M.P., Dr. Foster, H. E. Fox, Esq., W. L. T. Foy, Esq., Hon. Sir Chas. Fremantle, F. E. Fremantle, Esq., Moreton Frewen, Esq., W. Friedlander, Esq., A. D. Fripp, Esq., Fredk. M. Fry, Esq., R. H. Fry, Esq., Dr. A. L. Galabin, E. H. Galton, Esq., R. W. Garbutt, Esq., J. O. Garland, Esq., A. E. Garrett, Esq., Hon. Hy. Gibbs, Tresham Gilbey, Esq., Guy Gilbey, Esq., J. E. Gladstone, Esq., "The Globe," Hon. and Rev. E. Carr-Glyn, C. H. Golding-Bird, Esq., Dr. J. F. Goodhart, G. W. Gordon, Esq., J. W. Gordon, Esq., R. Gordon, Esq., F. S. Goulding, Esq., B. B. Gough, Esq., "The Graphic," D. S. Graves, Esq., Sir Ed. Green, Bart., Rev. Chas. Green, C. Greenwood, Esq., Rev. J. H. Greig, C. Grenfell, Esq., W. H. Grenfell, Esq., John Gretton, Esq., O. Gridley, Esq., C. E. Groves, Esq., W. Grylls, Esq., Sir Wm. C. Gull, Bart, M.P., H. Gunton-Turner, Esq., Murray Guthrie, Esq., "Guy's Hospital Gazette," E. A. Hambro, Esq., Lord Geo. Hamilton, E. S. Handcock, Esq., R. A. Hankey, Esq., C. F. Harding, Esq., P. J. Harding, Esq., Paul Hardy, Esq., Lord Harlech, Dr. C. J. Harper, T. D. Harries, Esq., C. T. Harris, Esq., F. W. Harris, Esq., Gen. Sir R. Harrison, Capt. H. V. Hart-Davis, R. M. Harvey, Esq., L. A. Harward, Esq., J. C. Hayne, Esq., H. Haywood, Esq., E. M. Hearnden, Esq., W. F. Hearnden, Esq., Alex. Henderson, Esq., Sir R. G. W. Herbert, Lord Herschell, A. K. Hichens, Esq., C. Higgens, Esq., J. D. Hill, Esq., A. F. Hills, Esq., C. T. Hilton, Esq., E. Brodie Hoare, Esq., M.P., Samuel Hoare, Esq., M.P., Capt. Holford, Dr. Holman, T. Honey, Esq., M. F. Hopson, Esq., Dr. P. Horrocks, "The Hospital," A. Howden, Esq., Hon. E. Hubbard, M.P., Rev. Canon Hunt, Dr. E. J. Hutchings, H. J. Hyam, Esq., D. Hyam, Esq., W. J. Innes, Esq., A. Jackson, Esq., Dr. Thos. Jackson, W. H. A. Jacobson, Esq., H. Jakes, Esq., W. H. Jalland, Esq., Lord James of Hereford, T. Simpson Jay, Esq., Mons. Leon Jehin, Woolf Joel, Esq., A. F. W. Johnson, Esq., Claude Johnson, Esq., Dr. D. Johnson, Dr. J. T. Jones, W. A. Jones, Esq., T. R. Judson, Esq., Cooper Keates, Esq., A. Keen, Esq., C. D. Kemp-Welch, Esq., Sir J. H. Kennaway, Bart., M.P., J. Ramsay Kerby, Esq., Hy. Kimber, Esq., M.P., Dr. Knott, H. Lafone, Esq., C. C. Laing, Esq., "The Lancet," T. W. H. Landon, Esq., W. A. Lane, Esq., Dr. W. Lansdale, P. E. Laurence, Esq., Lord Lawrence, Sir Trevor Lawrence, Bart., Rev. Canon Lawrence, A. J. Lawrence, Esq., Sir Ed. Lawson, Bart., Harry J. Lawson, Esq., J. F. Laycock, Esq., S. G. Layman, Esq., A. H. Leigh, Esq., F. C. Le Marchant, Esq., Ed. Letchworth, Esq., E. Levita, Esq., R. Lewis, Esq., S. Lewis, Esq., Rt. Hon. Wm. Lidderdale, W. M. Low, Esq., G. S. Lowe, Esq., F. A. Lucas, Esq., R. C. Lucas, Esq., Guy Lushington, Esq., S. G. Lushington, Esq., C. S. Mackay, Esq., W. A. Maggs, Esq., Dr. Manby, F. Manser, Esq., Duke of Marlborough, Herbert C. Marshall, Esq., Percy Marsden, Esq., H. W. Maynard, Esq., H. H. Massey, Esq., Dr. Matcham, Dr. Matthews, Rev. Dr. McLeod, N. W. Mellor, Esq., J. G. Menzies, Esq., Dr. Bueno de Mesquita, S. J. Messenger, Esq., Max Michaelis, Esq., Sir Fredk. Milner, Bart, M.P., W. T. Milton, Esq., John F. Moon, Esq., C. H. Moore, Esq., "Morning Advertiser," "Morning Post" A. H. Morton, Esq., F. Morton, jun., Esq., H. Moxon, Esq., Canon Murray, Dr. Mutch, Fdk. Nalder, Esq., Dr. W. G. Nash, Dr. J. J. Nason, F. Newland-Pedley, Esq., John Newton, Esq., E. W. Nicholls, Esq., F. J. Nicholls, Esq., W. H. Nicholls, Esq., R. Nivison, Esq., F. H. Norman, Esq., C. P. Oates, Esq., Dr. Oldman, A. W. Ormond, Esq., Leon F. Ozanne, Esq., Rev. H. L. Paget, "Pall Mall Gazette," Very Rev. Dr. A. Paraschis, W. C. C. Park, Esq., Dr. Chas. J. Parke, Dr. Parkinson, John de Pass, Esq., Dr. F. W. Pavy, H. K. Paxton, Esq., Lord Penrhyn, R. Perrin, Esq., Dr. E. C. Perry, G. A. Phillips, Esq., Sir George Pilkington, C. J. W. Pinching, Esq., Thomas Pink, Esq., Dr. G. Newton Pitt, H. F. Pollock, Esq., M.P., Dr. E. Pope, A. E. Porter, Esq., J. Porter, Esq., The Mayor of Portsmouth,

IN THE EYE OPERATING THEATRE

F. R. H. Potts, Esq., Edwin Powell, Esq., G. H. Price, Esq., H. W. Price, Esq., R. J. Pye-Smith, Esq., J. W. Rabbits, Esq., Herbt. Rake, Esq., R. Ramsey, Esq., James Rankin, Esq., M.P., Prof. A. W. Reinold, John H. Renton, Esq., Dr. W. P. Reynolds, Bernhard Richter, Esq., Sir W. C. F. Robinson, Lord Bishop of Rochester, E. M. Roe, Esq., Capt. S. M. Rogers, Dr. A. Roper, C. D. Rose, Esq., Lord Rothschild, G. Rowell, Esq., Dr. C. F. Routh, Col. Ruggles-Brise, Alderman Marcus Samuel, A. G. Sandeman, Esq., Dr. W. J. Sandoe, C. Sangster, Esq., Sir A. Sarle, Reuben Sassoon, Esq., Dr. Savage, A. W. Saward, Esq., Max Schiller, Esq., E. Lionel Scott, Esq., John Scott, jun., Esq., Sir J. Sebag-Montefiore, W. S. Seton-Karr, Esq., Dr. St. C. Shadwell, J. C. Sharpe, Esq., Dr. L. E. Shaw, N. N. Sherwood, Esq., Fredk. R. Simms, Esq., F. Simon, Esq., H. Simpson, Esq., Abel Smith, Esq., M.P., Hugh C. Smith, Esq., Oswald A. Smith, Esq., W. H. Smith, Esq., Fdk. Snowden, Esq., H. D. Solomon, Esq., Shack Sommer, Esq., Hy. Sotheran, Esq., Edgar Speyer, Esq., "Sporting Life," "The Standard," Dr. Starling, "St. James's Gazette," J. R. Steinhaeuser, Esq., E. Steinkopff, Esq., Ed. D. Stern, Esq., Lockhart Stephens, Esq., Palmer Stephens, Esq., J. A. Shaw Stewart, Esq., Dr. Stevenson, J. B. Stone, Esq., H. S. Stoneham, Esq., Hon. E. G. Strutt, Rev. Meyrick J. Sutton, Chr. Sykes, Esq., Dr. J. F. J. Sykes, C. J. Symonds, Esq., J. C. Taite, Esq., Lieut.-Col. G. F. Talbot, V. Tapling, Esq., C. Tapp, Esq., A. S. Taylor, Esq., Dr. E. C. Taylor, Dr. Fredk. Taylor, Seth Taylor, Esq., J. D. Taylor, Esq., Dr. W. B. Taylor, A. L. Temple, Esq., Sir Chas. Tennant, Bart., Ed. Terry, Esq., T. Wells Thatcher, Esq., Jabez Thomas, Esq., W. Thompson, Esq., M. H. Thornely, Esq., M. L. Thorold, Esq., A. R. Ticehurst, Esq., Dr. Chas. Ticehurst, "The Times," Peter Tocher, Esq., E. C. Tomlin, Esq., Lord Tredegar, C. H. Trimmer, Esq., G. Trollope, Esq., Dr. J. H. Trouncer, Maj.-Gen. R. H. Truell, Major C. Tufnell, H. Turner, Esq., H. J. Turner, Esq., Lord Tweedmouth, Dr. J. E. Uhthoff, D. Uzielli, Esq., Lord H. Vane-Tempest, Cardinal Vaughan, H. J. Veitch, Esq., Sir Somers Vine, Wm. Vivian, Esq., A. S. Wallace, Esq., Lewis A. Wallace, Esq., W. Walters, Esq., Lord Wantage, P. Warner, Esq., E. R. Warrens, Esq., Earl of Warwick, Norman Watney, Esq., Rev. J. E. C. Welldon, "Westminster Gazette," Dr. Hale White, Tyndall White, Esq., Jeffrey Whitehead, jun., Esq., Sir Fredk. Wigan, Dr. A. Williams, H. Williams, Esq., R. E. Fredk. Wills, Esq., A. J. Hamilton Wills, Esq., H. M. Willis, Esq., Wm. T. Wilson, Esq., Ernest Wood, Esq., R. Woodhouse, Esq., G. P. Wornum, Esq., A. O. Worthington, Esq., J. C. Yates, Esq.

At the conclusion of the dinner, grace was said by the Bishop of Winchester.

HIS ROYAL HIGHNESS, the chairman, who was loudly cheered on rising to propose the toast of "The Queen," said: My Lords and Gentlemen, the first toast that I have the honour to propose to you to-night is one which will require no preface from me, as I have but little doubt of the way in which it will be received. I give you the health of Her Majesty the Queen. (Cheers. The band played the National Anthem.)

The Right Hon. A. J. BALFOUR.—Your Royal Highness, your Excellency, my Lords and Gentlemen: It is my high privilege this evening to have had confided to me the second of the great loyal toasts which it is customary at meetings of Englishmen to celebrate on such occasions as the present, viz., the toast of the Prince and Princess of Wales—(loud cheers)—and the rest of the Royal Family, which is celebrated in every assembly of English gentlemen; but we may be permitted to drink it to-night with special enthusiasm, because the Prince of Wales is in the chair, and because to-night he is giving evidence of that constant interest in the needs of the people of this country which has signalised his whole public career. (Renewed cheers.) My Lords and Gentlemen, His Royal Highness has ever given his powerful assistance to great philanthropic and benevolent causes, but I doubt whether it has ever been his fortune to give his assistance in a worthier cause or on a more important occasion than the present. (Cheers.) It is not my business to anticipate what may be said by later speakers and by His Royal Highness himself upon the subject which has brought us all here to-night, but in one aspect of the question I may be permitted to say a few words perhaps, as it will probably not naturally form the theme of any subsequent speech in the course of the evening. I would desire, therefore, to remind you that we are not merely here assembled in order to support a great charity, viz., the well-to-do giving to the needs of those who are less well-to-do, though that is, perhaps, the principal aspect of this question of Guy's Hospital; but there is another aspect, let it be remembered, viz., that of all forms of human energy and all aspects of human progress—that which touches upon medical and surgical science—goes most strongly and direct to the diminution of human pain, and to the increase of human happiness; and if we are to make all the progress which is possible in the medical and surgical science of the future, great medical schools are absolutely necessary, and remember, therefore, that Guy's Hospital is one of the greatest medical and surgical schools in the world. (Cheers.) It ministers not to one class alone, but to the whole community, and to future generations—to generations yet unborn. I ask you, therefore, to remember to-night that you are not merely aiding and assisting to the best of your ability medical and surgical relief for the poor, but you are doing something to advance medical and surgical science, and in so doing you are undoubtedly contributing largely to the general welfare of the whole community. Perhaps, your Royal Highness, I have gone beyond the subject of my toast in these parenthetical remarks, but I return to it without any violent transition when I remind you that His Royal Highness, by his presence here to-night, and by his efforts on your behalf, has done incomparably more than any other living man could do—(cheers)—to further the great object for which we are here assembled. I therefore

ask you, my Lords and Gentlemen, to fill your glasses and to drink with peculiar enthusiasm to the toast of their Royal Highnesses, the Prince and Princess of Wales, and the rest of the Royal Family. (Loud cheers. The band played "God bless the Prince of Wales.")

HIS ROYAL HIGHNESS, the chairman, in reply, said—Your Excellency, my Lords and Gentlemen: I am deeply touched by the generous terms in which my right honourable friend, Mr. Balfour, has proposed this toast to you to-night, and for the exceedingly kind and cordial manner in which you have been pleased to receive it. I look on this occasion as a very memorable one, and as one which, as Mr. Balfour told you, is not common as regards charity dinners, for we are called together here for the purpose of the re-endowment of this great Hospital, in which all of us, I may say, take so deep an interest, and one which, for the sake of surgical and medical science, it is so important to keep up and to promote. (Hear, hear.) I am glad to see so very large a gathering here to-night, as it proves to me, the great interest all of you, by being here present, take in the subject of this evening. It would be difficult—I might even say impossible—for me to return individual thanks to all who have so kindly supported me to-night, and who have come here in such great numbers to give their countenance and support to the great scheme we have before us. I know that the hospital itself—all the members of it and its staff—have worked very hard to accomplish what I hope before the evening terminates may be done. I may be, perhaps, allowed to mention the name of one personal friend of my own who has worked so hard, namely, Mr. Fripp—(cheers)—and I must not forget one great philanthropist who is so well known to us all, and who, in the cause of charities, and especially in hospital work, has done so much, and to whom we are so indebted for the trouble he has taken in making this great Festival dinner a success, I allude to Mr. Henry Burdett. (Cheers.) I will not keep you longer on the toast that you have so kindly received; but I will only say that we are not forgotten by distant friends in our far away English-speaking countries, and in our distant colonies. I have just heard that a telegram has been received from Captain Lugard in South Africa, with whom—as a medical officer—is Mr. Spon, who is a Guy's Hospital man—(cheers)—which is a proof to you of the interest which is taken in to-night's proceedings, and one which I am sure will be gratifying to all of you. (Cheers.) Before I sit down, I think I will turn to the next toast. It is a toast which I venture to think in all assemblages of Englishmen—though we are here all most pacifically inclined—ought not to be forgotten. I mean the Navy and Army, and the Reserve Forces. (Cheers.) It is not my intention, nor would it, I think, be an appropriate occasion, to give you a long dissertation with regard to what is done in our Navy or what is done in our Army; but I feel confident with regard to the Navy, during the late administration of Lord Spencer, and during the present administration of Mr. Goschen at the Admiralty, that there is no cause to feel that the great service of the Navy is forgotten. The utmost is being done to render our fleet as effective and strong as possible, subject to the supplies which the House of Commons is inclined to give—(laughter and cheers)—and we know that in being strong we have but one wish, which is to be respected by the other great nations, and that they should feel, in our being strong, that we wish merely to be on the best terms with them. (Cheers.) With regard to the Army, it is naturally, in comparison with the great continental armies, a small one, but though small and scattered about in different parts of the empire, it should be, and is, most efficient. With the Navy I couple the great name of the Hon. Sir Harry Keppel, Admiral of the Fleet. (Cheers.) Though it is no doubt some time since he has been afloat, I know that his mind and his will are energetic in the cause of the great profession he represents. With the Army I couple the name of Field-Marshal Lord Roberts, and I need hardly enumerate or mention the great qualities he possesses. (Loud cheers.) I call upon him to respond for the Army and Reserve Forces. I now give you the health of the Navy—the senior service—and I couple with it the name of the Hon. Sir Harry Keppel, Admiral of the Fleet; and with the Army and Reserve Forces I couple the name of Lord Roberts. (Cheers.)

The Hon. Sir HARRY KEPPEL, K.C.B., Admiral of the Fleet—Your Royal Highness, Your Excellency, my Lords and Gentlemen: I am well aware how important your time is to-night, and I will not intrude on your time for many minutes. According to the regulations, which have not been altered by the late Government, the best is being done to make the Fleet efficient. I believe the time will come when the Colonies will join their navies with ours, and make a United Service, which will be superior to all the dis-united fleets in the world. One word more. We are very much indebted to the medical profession, and numbers of officers I can recollect the names of have prided themselves on having been at this great Hospital. I need not enumerate them now. (Cheers.)

Field-Marshal LORD ROBERTS, V.C., G.C.B., who was loudly cheered on rising, said—Your Royal Highness, your Excellency, my Lords and Gentlemen: I esteem it a special honour to be called upon to return thanks for Her Majesty's Army at a banquet to be presided over by Field-Marshal H.R.H. the Prince of Wales, and attended by such a distinguished and representative company as I see around me. In the first place, I would express my sincere thanks to our Royal (may I say sporting) chairman—(laughter and cheers)—for the very complimentary terms in which His Royal Highness has proposed the Army, and I would wish to assure you, sir, of the pride with which we soldiers remember that your Royal Highness belongs to the army, and that we can thus claim a more special interest in your Royal Highness than any other class of Her Majesty's subjects is able to do. May I also, my Lords and Gentlemen, say how very grateful I feel for

the kind words in which the Prince of Wales has been pleased to allude to my services, and for the very cordial reception I have met with from you all. However well, my Lords and Gentlemen, Her Majesty's troops may have done in the past, you may rest assured that they will do equally well in the future. A grand spirit pervades all ranks. The officers are as keen as ever to lead their men, and the men may be trusted to follow their officers. (Hear, hear.) With regard to the particular object in aid of which we have met here to-night, I think I shall be able in a few words to show you that there is a closer connection, than might at first sight appear, between the Army and Reserve Forces and the London Hospitals, amongst which Guy's Hospital occupies such a prominent position. In the scheme for the defence of the United Kingdom, provision has been made in London for the reception and treatment of 20,000 sick and wounded soldiers, the chief metropolitan hospitals have undertaken to look after 3,000, and of this number Guy's Hospital has arranged to take 800. (Cheers.) Looking at the question, therefore, not only from a humane point of view, but from that of expediency, the country cannot afford to see such a useful institution seriously crippled, or perhaps pass out of existence for want of funds. Moreover, Your Royal Highness, my Lords and Gentlemen, attached to Guy's Hospital is a medical school, which needs no words of commendation from me. That school is in the front rank of schools for the study of medicine and surgery, and has turned out men whose names are famous in the long roll of eminent surgeons and physicians of whom our country is so justly proud. A large number of those men from time to time have joined the army, and I am glad to have this opportunity of pointing out how desirable it is that the officers of the medical staff should be amongst the very best professional men that can be got. The physician or surgeon in civil practice can, in cases of difficulty or of an unusual nature, command the advice and assistance of special experts in any branch of his profession. But with the army surgeon, especially abroad, it is different. He is often in sole charge of an isolated district and a large number of individuals quite beyond the reach of further aid. He must rely entirely upon his own skill and judgment, and cannot have that moral support which is such a help to one who has upon his shoulders the responsibilities of a case in which it is necessary to decide what has to be done as a matter of life and death, and where experience, knowledge, sound judgment, nice discrimination and self-reliance are all required to save the patient's life; and I would remark, my Lords and Gentlemen, only the best men have these qualifications. I may remind you, my Lords and Gentlemen, that almost every family in the United Kingdom, no matter in what station of life, has those near and dear to it dependent upon the unaided professional skill of the army surgeon. This fact surely justifies the opinion that the officers of the Army Medical Department should be chosen from amongst the skilful of the medical profession, and should receive an education which is only possible to be had in some great hospital. As a soldier then, my Lords and Gentlemen, I have no hesitation in bearing testimony to the value of our hospitals, and in appealing to the public to support, with all the liberality in their power, the object for which His Royal Highness the Prince of Wales has been graciously pleased to preside at this banquet. (Cheers.)

"GUY'S HOSPITAL; ITS CONTINUED SUCCESS AND PROSPERITY."

HIS ROYAL HIGHNESS, the chairman—Your Excellency, my Lords and Gentlemen: We have met here this evening to take such steps so that the benevolent work of Guy's Hospital, which for so long was carried out on a magnificent scale without the aid of one shilling from the general public, may be continued to an extent not more contracted than hitherto. I may add that this long exemption from the necessity for an appeal, made it very difficult for the authorities to remove the popular impression that Guy's is as permanently and as sufficiently endowed as other national institutions which bear the same world-wide reputation. The founder, Thomas Guy, a citizen of London, and a bookseller and publisher, invested his money so that for one hundred and fifty years the income derived from it was quite sufficient to carry on the great work he had devised. No assistance was asked, indeed none was required, and the governors were in a position to inform intending donors of a fact which, I fear, institutions are rarely able to assert in these days, that there were other charities in greater need than Guy's. It was in 1724 that Guy founded the hospital which bears his name. The population of South London, as of every other part of London, has steadily increased, and a very large percentage of its inhabitants are extremely poor. One hundred years later—in 1822—a second merchant and citizen of London, William Hunt, left £180,000 to enable the original foundation to support the increased demands upon it. Guy's building is now used entirely as surgical wards, and the block known as "Hunt's House" is wholly devoted to medical cases. During the next fifty years—1830 to 1880—the hospital was able to maintain its wards, comprising 600 beds, fully equipped and always crowded, but adequately endowed. At last, however—fifteen years ago—there occurred the great fall in the value of land, in which, according to the will of the founder, the entire capital bequeathed had been compulsorily invested. Then, for the first time, the endowment proved insufficient. The governors, hoping the depression was only temporary, closed 100 beds. This decline in the value of land not only continued, but increased, and the governors, brought face to face with the necessity of still further curtailing the scope of the hospital, or of enlisting support, appealed for £100,000 to carry them over what they still hoped was only a temporary difficulty. £114,000 was generously given, but has all unfortunately been expended, for notwithstanding that one hundred beds have been closed, and that no hospital is more economically

managed, £40,000 a year is required to maintain this great charity, whereas the endowment now only brings in £20,000 per annum. We must now, unfortunately, recognise the fact that the depression has proved to be not merely temporary, but permanent, and we have met here to-night to decide whether the Board of Governors, who are again in the same dilemma, can continue to carry on the work of this noble Institution with its former thorough efficiency without curtailment of its previous extensive sphere of action. Owing to its position, on the outskirts of a densely populated and poor district, it has been able to minister to the medical requirements of no fewer than 160,000 needy patients a year. This immense number includes 3,300 maternity cases, which were attended at their own homes, and often provided with the necessities of life, as you will see by the statistics which are in the hands of you all. Every day we have found ourselves compelled to turn away cases from the doors, and to send them on a tedious, sometimes a painful, journey through the London streets to some less crowded hospital. If any of these whom I meet here to-night would go to Guy's—and I speak from personal experience—(loud cheers)—having had the opportunity about a month ago of visiting it—and see for themselves the over-crowded state of the wards and the disappointed faces of these for whom beds cannot be provided, they would, I am sure, agree with me that it would be deplorable were the authorities compelled to close still more beds. If we are unable to act on the recommendation of the House of Lords' Commission, and to establish a third great general hospital in South London for the poor, we may, at all events, strive to strengthen the endowments of our forefathers, so that the funds which result from them may not be impaired, since we succeeded to the inheritance. To achieve this in the case of Guy's, a large sum, it is true, is required, but when I think of the generosity with which the people of England so often come forward in aid of any really good cause, I cannot but hope that the amount necessary, or, at least the greater part of it, will be forthcoming. The sum necessary for the purpose is £15,000 a year, or, if capitalised, half-a-million of money. It is hardly necessary for me to enter in detail into the progress in surgical and medical science, which has conferred such great distinction on Guy's, and which I earnestly beg you to remember, have proved such incalculable blessing not only to the poor suffering in the wards, but to humanity generally. I may, however, mention to you the names of Dr. Bright, who discovered in the wards at Guy's the origin of the terrible disease which bears his name; of Sir Astley Cooper (loud cheers), perhaps the most eminent surgeon of the old school whom England has ever produced; of Dr. Hodgkin, of Sir William Gull, to whom I personally owe a debt I cannot ever forget, for I think had it not been for him I should not have had the honour of presiding here to-night—(cheers)—and last, but not least, I allude to Dr. Wilks, the President of the Royal College of Physicians. (Cheers.) Of the many classes who are so generously responding to this appeal, the financiers and merchants of the City, the members of the London Stock Exchange, the merchants at the heads of great industries, such as those of the textile goods, the wood trade, the Commercial Sale Rooms, the Baltic and Mincing Lane, few, if any, have contributed more liberally in accordance with their means, than the former graduates of Guy's, who, in all parts of the world, have so actively co-operated with their old teacher and friend, Dr. Wilks. (Cheers.) My Lords and Gentlemen, I am anxious to take up as little of your time as possible in pressing any further the claims of Guy's, but I cannot sit down without referring to its admirably economical administration and its high degree of efficiency. To these features testimony is borne by the senior governor, Mr. Gladstone —(cheers)—whose unavoidable absence to-night we all so much regret, and by many others who have made it their business to investigate them. We have the hard-working and well-directed staff available, but money is required to utilise it. If this deficiency were supplied, we could at once open every one of the 140 beds which are so urgently needed, which are ready for occupation, and yet which we are compelled to keep closed simply through mere want of funds to feed the patients and to provide the nursing. Were the case otherwise, small outpost hospitals could then be established in the most densely crowded of the outlying districts, with a good ambulance service to bring them into easy communication with Guy's, and thus we should save the cost of separate establishments, whilst we should retain the advantage of providing the patients with the highest medical and surgical skill. The generous promises which have been made in response to the special appeal to the south-east district, show, I think, how thoroughly the few residents who are able to give, appreciate the work done by Guy's for the many. Once more I repeat—money remains our one indispensable requirement. For reasons which I have already indicated, our accounts do not show that thus far we have derived any benefit from legacies. But we hope in the future many benevolent testators will not be forgetful of the merits and needs of Guy's Hospital. (Cheers.) I trust, in addition, that through donations to this special Endowment Fund, and through increased annual subscriptions, a sufficiently large sum will be forthcoming to render practicable shortly the extensions to the building, and the further development of administration to which I have already referred. Many who cannot afford *a large donation* at present in a single sum might perhaps be willing to supplement what they are now able to give by the promise of a larger amount distributed over three or five years; I would ask those who are kindly inclined to inscribe their names as donors to be good enough to intimate to the secretary whether they desire to pay their entire contributions at once or to spread them over a period of say three or four years. In conclusion, just let me remind you that the whole of the money given in response to this appeal will be invested by the strong committee of well-known financiers who names have

been published in the public press, and that only the interest derived from the investments will be expended. The money already subscribed, and which is large enough to make this evening for ever memorable in the annals of charity dinners, amounts to £158,000—(loud cheers)—which, capitalised, would bring in an increased annual income of £5,000. The details of the figures are these:—Donations up to to-night, £105,000; The Gladstone Fund, £18,000—(cheers)—and I might mention that very probably through his influence the late Mr. H. Incleden has left £35,000. (Cheers.) It remains only now for me, gentlemen, to propose to you the toast of the evening, which is Prosperity to Guy's Hospital, and may it long continue to be successful and prosperous. (Cheers.) May I say, gentlemen, that with this toast I beg to couple the name of the Treasurer, Mr. E. H. Lushington, who for so many years has occupied this high and onerous position. (Three cheers were then given for Mr. Lushington.)

MR. E. H. LUSHINGTON (the Treasurer of the Hospital) in replying said—Your Royal Highness, your Excellency, my Lords and Gentlemen: In consequence of the illness of our respected and honoured President, Lord Aldenham, the duty has fallen upon me to-night to represent the Governors, and to thank His Royal Highness for his most gracious speech, and also to thank this distinguished company for the great enthusiasm with which they have received it. The Governors are indeed overwhelmed with gratitude for the magnificent collection which has just been announced by His Royal Highness, and they desire to assure him that that money will be applied in strict conformity with the terms which he has expressed. I may mention that one of your Governors (the Treasurer) is a somewhat rapacious official! He is in the habit of receiving and appropriating all the money that he can get for the benefit of Guy's, and he feels that all those who have hitherto assisted us must not lapse or fall back in their exertions for the Hospital, but that they must, one and all, endeavour to continue and collect subscriptions to carry on the beneficient work. The East of London especially demands our care. Each year new streets are being added to it, and, as those houses become occupied so follow, in their turn, diphtheria, typhoid, and all those various accidents to which flesh is heir, and we must endeavour to the very utmost to exert ourselves to supply the needs which these all require. Hitherto we have talked a great deal about this magnificent Hospital being maintained at the sole cost of the late Thomas Guy, but I regret that we can no longer refer to that as applying to the present time. We must look back upon it as a monument of the noble generosity of a single individual citizen of London, and we must henceforth refer to it as a living testimony of the same public beneficence and public liberality which has so helped us to-night. (Hear, hear.) This fact of our now being so largely supported by the public will involve, on our part, some modification of the laws and rules which have hitherto regulated the government of the Hospital. The Governors are prepared to consider what modifications may seem advisable with great caution and deliberation. I hope myself to be spared to take a part in that duty, and when those matters have been fully considered and have met with the approval of our President, I have then to say that the time has come when they must find another Treasurer. Twenty years of work, I think, seem sufficient, inasmuch as it was preceded by many years of public work before. I hope His Royal Highness, before I sit down, will allow me to say a word as to the Medical School of this great Hospital. It so happens that in connection with Guy's I occupy the peculiar and unique position of also being head of the Medical Staff. The Medical School and Guy's Hospital are, so to speak, twin sisters. They have two bodies, but one soul, and that soul is for the benefit of the people who come inside Guy's. (Hear, hear.) I am not surprised, gentlemen, at the noble collection that has been announced. I am not surprised at the place which Guy's holds in the hearts of all its students, and I feel sure it will always be so. I feel assured also that there will be nothing wanting on our part, either now or hereafter, to do what we can to promote a close allegiance and union between the Medical School and Guy's Hospital. (Cheers.)

HIS ROYAL HIGHNESS, the chairman: I desire to make a gratifying announcement. At the moment I sat down, after proposing the toast of the evening, I received a notification from Mr. J. B. Robinson of a most munificent and liberal subscription towards Guy's Hospital of a sum of £5,000. (Loud cheers.) It now only remains for me to finish my duties as your chairman to-night by giving the concluding toast, and it is one which I am sure you will all consider cannot be omitted, and it will be by all heartily received; namely, "Guy's Hospital Medical Staff," and I may connect with it, in general terms, the Medical School. (Cheers.) "The Medical School of Guy's" may in one sense be regarded as included in the one which you have just received with so much enthusiasm, for the connection between the Hospital and the Medical School is necessarily of a most intimate character. The co-operation of the two, each in its respective sphere of activity, has in the past established the high reputation of the Guy's School as a training ground for medical men, and continues to furnish us with the surest guarantee that that reputation, which never stood higher than at present, will be maintained unimpaired in the future. Guy's is one of the largest, if not the largest, of the medical schools in the Empire. The daily attendance of students averages over 500, and the records of the success with which they have acquitted themselves in their various examinations, as well as in their competitions in sports, with other similar institutions, show that in none of the many departments of their work or amusements, need they fear comparison. They have the benefit of their own residential college, with its adjuncts of the students' club, gymnasium, fortnightly STUDENTS' JOURNAL, and recreation ground, tending to promote both bodily and mental health and activity. Guy's was the

first school in London to establish for its students these institutions, by which their success, to which from my recent visit I can testify, has been so great that several of the other large schools have followed such an excellent example, and have thus greatly improved the conditions of medical student life in London. I now give the toast of "Guy's Hospital Medical School," and I will call upon Dr. Wilks, the eminent President of the Royal College of Physicians, to respond. Before, however, I sit down, I am anxious to express the great gratification it has afforded me to accede to the request of the governors that I would accept the post of President of this great Hospital. (Loud cheers.) I confess that I feel great diffidence in accepting so important a post; but all those connected with the hospital may feel assured that to the utmost of my ability I will render what poor service I can for its advancement. (Cheers.) I feel that I am succeeding one to whom the hospital owes much—(hear, hear)—and after his fifteen years of office his loss will, I know, be keenly felt; but he feels from ill-health that he can no longer continue to occupy the position, and I am sure it is with sincere regret that we do not see him amongst us to-night. I must also allude to our Treasurer, Mr. Lushington, who has for twenty years occupied the high and difficult post of treasurer, and I regret to think that he, also, feels, after so long a time, it more prudent to resign that post. Then I must allude to Dr. Perry—(loud cheers)—a man who has done so much for the maintenance of the hospital as Superintendent; and last, though not least, to the Matron. (Hear hear.) You are well aware what a high and responsible position she holds, and however adequate and clever the medical staff may be, unless the nurses do their duty it is difficult for them to carry out all that science has taught them. I will give you, gentlemen, the toast of the Medical School of Guy's, and with it, it affords me great satisfaction to couple the health of Dr. Wilks. An announcement will now be made of the subscriptions obtained. The figures I mentioned just now was the amount up to the time I arrived here to-night. (Loud cheers.)

(A total of £8,524 subscribed at the Banquet was then announced, including £5,000 from Mr. J. B. Robinson.)

Dr. S. WILKS, F.R.S. (the President of the Royal College of Physicians, who is also Consulting Physician to Guy's Hospital), in responding to the toast of "Guy's Hospital Medical School," said—May it please your Royal Highness, my Lords and Gentlemen: I thank you very much for allowing me to respond to the toast on behalf of Guy's Medical School. I feel exceedingly proud in being able to represent so illustrious an institution, and one to which the best energies of my life have been devoted. I might remind my audience that when Guy's School was founded seventy years ago by that remarkably astute man, Benjamin Harrison—(hear, hear)—he made it complete in every respect, and introduced methods of teaching which no other place of instruction possessed, so that it became a model and one of the most famous schools in the world. With its foundation an enormous amount of enthusiasm was mixed up with the bricks and mortar—(hear, hear)—so that this remains, together with the more substantial fabric, to the present day. Hereditary influence is not only seen in individuals, but in institutions and bodies of men—(hear, hear)—and Guy's inherits an amount of enthusiasm, and what is popularly called "go," to the present day. (Hear, hear.) Nothing has been able to subdue the aspirations and ambition of its staff and its teachers. When the Hospital was depressed in circumstances a few years ago, they offered fresh inducements for the entry of students, and subsequently subscribed their money for the creation of a college, which I need not say has been a great success. And now, if you walk through the grounds, you will see fresh laboratories and museums rising up to meet the exigencies of the latest developments of science. (Hear, hear.) Now, what I have said about our school increases the obligation of the public to support the hospital, and indeed it constitutes a very essential element in the object which has brought us together to-day. This is seen in the character of the donations received from old students, and which it has been my privilege to hand to your Royal Highness towards the general fund. These donations represent two important but different interests. The one denotes the true love and affection every medical man feels for his *Alma Mater*—(hear, hear)—and the other represents a sentiment which I should like to see prevading the length and breadth of the land. Mr. Balfour has already alluded to that right sentiment, and it cannot be better expressed than in the words of many patients when offering their subscription to the doctor: "This I offer to the hospital as a thanksgiving, for when I remember how I owe my life to you I know it was at Guy's Hospital you gained your skill." (Hear, hear.) A subscriber gives his guinea to a hospital ostensibly for the care and treatment of the poor, but is too forgetful of the fact that it is also an institution where the student learns his profession in order to become the medical adviser of the nobility, the gentry and the rich. If time allowed I could show you that there are a large number of diseases whose nature and treatment could only have been discovered at a hospital—(hear, hear)—of which the public gain the benefit. (Hear, hear.) Therefore, I say, it is the duty of every man to subscribe to our large hospitals, not only from motives of benevolence, but as a thank-offering for benefits derived from it, and conferred on themselves and on all classes of the community. I think, gentlemen, I need say no more as our time is going fast, but if your Royal Highness will allow me, as you have stated your intention of becoming President, I beg leave to thank you, sir, in the name of all those connected with the hospital for this most recent gracious act of yours. (Loud cheers.) When at the beginning of the year we were in great

straits, we turned, sir, to you for aid, and our appeal was not made in vain. Owing, not only to your influence, but to your own personal efforts, we saw sunshine where before all was darkness, and now we have a grand vision of rehabiliment before us. We see the phœnix rising from its ashes. In the history of our country, no one stands out with more prominence as a friend of mankind than Thomas Guy, our Founder, and now, future history will show how, when his great gift was in fear of loss or decay, the great Hospital was re-established and re-endowed under your Royal Highness's auspices, and this day will be remembered as its second birthday. I can scarcely, sir, find words to express my own personal gratitude, when I see the revival of an institution so dear to me as Guy's Hospital, but on behalf of the Governors, of the Medical Staff and Teachers, I thank you again and again for this gracious act of becoming our President, and taking us under your fostering care. (Loud cheers.)

Had it not been for the unfavourable weather the function which followed the banquet would have proved far more enjoyable than was actually the case. Not that the guests were deterred from repairing to the Imperial Institute, for at an early hour in the evening they had commenced to throng the great main entrance, and long before ten o'clock some six or seven thousand visitors were assembled in the building. But the greater part preferred to remain within doors, and in the vestibule there was so great a press that the formal reception of guests could not be very well carried out. The reception committee consisted of the Duchess of Marlborough, the Duchess of Portland, the Duchess of Sutherland, the Marchioness of Londonderry, the Countess Cowper, the Countess of Crawford and Balcarres, the Countess Grey, the Countess of Warwick, Lady Aldenham, Lady Randolph Churchill, Lady Algernon Gordon-Lennox, Lady Esther Smith, Lady Tweedmouth, Mrs. Cosmo Bonsor, Mrs. A. L. Cohen, Mrs. W. H. Grenfell, Mrs. R. M. Harvey, Mrs. Howse and Mrs. Pye-Smith. Immediately after the conclusion of the speeches, the Prince of Wales, accompanied by Mr. A. J. Balfour, M.P., Lord Roberts, Mr. Bayard, and others of those attending the dinner, left the pavilion and proceeded to the east foyer, where a demonstration was given of Röntgen ray photography by Mr. Le Conteur, under the superintendence of the Duchess of Sutherland. His Royal Highness expressed great interest in the display, in which he witnessed for the first time the powers of the newly-discovered light, and kindly permitted a radiogram of his own hand to be taken, remarking at the same time that if the negative proved unsatisfactory he would willingly sit again. It is worthy of note that the Crookes tube used was the one with which the first successful surgical experiments were made. Passing to the western quadrangle, his Royal Highness witnessed a display of the motor-cars comprised in the collection now in course of exhibition at the Institute under the auspices of the Motor-Car Club. The Prince finally passed into the west gardens in company with the ladies of the reception committee, and took his seat close to the Monte Carlo band, which played some delightful music under the baton of M. Turin. During the evening the band of the Horse Guards (Blues) performed a selection of music in the reception vestibule. At about 10.30 the rain ceased for a time, and it was possible to a certain extent to wander about and look at other people, always a great attraction at a social function of this nature. In our wanderings we were glad to notice a good sprinkling of nurses and sisters of the hospital, most with the red badges on their left arm, the Matron having arranged to spare as many as she possibly could. Besides the fine exhibit of the products of the various portions of the British Empire with which many of the galleries are filled the guests also had an opportunity of inspecting the natural history specimens belonging to the Duke of Orleans, together with the Zschille collection of ancient armour, weapons, and jewellery arranged in the upper west and upper east central corridors respectively. Soon after eleven, the Prince of Wales took his departure, and the guests left as soon after as they were able. The cloak room officials, contracted for by the authorities of the Imperial Institute, were unfortunately completely overpowered; and what with the difficulty of finding shoe, scrip or girdle, and the tramp in the rain in search of carriages and the shouting for hansoms, lucky were they who found themselves safe at home with temper and apparel complete by one o'clock.

The dinner, it must be understood, was composed for the most part of those who had subscribed to the capital; and it was, therefore, very satisfactory to be able to announce the further addition of £8000 to the Endowment Fund during the course of the evening. There can now be no excuse for any one throughout the length and breadth of the land failing to know the condition of Guy's Hospital; and therefore the primary object of the whole festival has been attained, although complete success in affording a pleasant evening's entertainment to subscribers has been denied by events for which the clerk of the weather is largely to blame.

RE-ENDOWMENT FUND.

Received in response to the Appeal of H.R.H. The Prince of Wales.

Collected and subscribed by the Medical and Surgical Staff and the Past and Present Students of Guy's Hospital Medical School, per Dr. Samuel Wilks	£26,510
Subscribed by members of the Stock Exchange, per Messrs. Mullens, Marshall & Co., Hyam Brothers, Laing & Fletcher, Simpson Brothers and Stoneham & Messenger	£10,606
First instalment of collection in progress among the members of the Textile and Furnishing Trades of London, per Messrs. Frank Debenham, Wyndham F. Cook, James C. Marshall, John Barker, William Candy and J. Wells Thatcher	£7,000
Subscribed by members of the Commercial Sale Rooms and their friends, per Messrs. H. W. Price, F. Carey and H. B. Smith	£2,629
Racing Fund, per Messrs. R. H. Fry, C. Greenwood and W. J. Innes	£1,559
Subscribed by members of the Leather Trade, per Colonel Bevington	£927
Subscribed by members of "The Baltic," per Messrs. Seth Taylor, Bridges Webb, Ferdinand Mendl, Robert Pim and Leon Ozanne ...	£498
Subscribed by members of the Corn Exchange, per John Aste, Esq.	£273
First instalment of collection in progress on the Shipping Exchange, per Sir Donald Currie, Messrs. A. Howden and T. Ellis	£175
*Individual donations	£55,646
	£105,823
Subscribed at the Banquet	£8,524
Grand total in response to the Prince's Appeal	£114,347

SUSTENTATION FUND.

Subscriptions and donations received, principally in response to the appeal of the Right Hon. W. E. Gladstone on 30th October, 1895	£18,181
Residue of the Estate of the late Mr. F. G. Incleden of Falmouth, per Messrs. Marrack, Nalder & Hockin, Christmas, 1895	£35,000

(This legacy is marked for investment).

*Included among individual donations are:—Her Majesty the Queen, £105; H.R.H. the Prince of Wales, £105; A. Beit, Esq., £5000; H. Cosmo Bonsor, Esq., £5000; Messrs. J. S. Morgan & Co., £5000; J. B. Robinson, £5000; Messrs. Barclay, Perkins & Co., £2000; Lord Aldenham, £1050; Messrs. Anthony Gibbs & Sons, £1050; The Mercers' Company, per the Rev. J. Meyrick Sutton, £1050; Anon., per Dr. H. Lucas, £1000; Anon., per Dr. F. Manser, £1000; Earl of Leven and Melville, £1000; Sir Frederick Wigan, £1000; Fred. Wills, Esq., £1000; The Bank of England, £1000; Messrs. Bass & Co., £1000; Everard Hambro, Esq., £1000; Lord Rothschild, £1000; Butler's Wharf, £1000; C. Gassiot, Esq., £1000; Messrs. Barnato Bros., £1000; Hon. W. W. Astor, £1000; S. E. B., £1000; S. Newman, Esq., £1000; Rev. C. H. Wellbeloved, per H. M. Thornley, Esq., £1000; White's Club, £1000; Executors of the late Henry James, Esq., £1000; W. L. T. Foy, Esq., £800; Grand Lodge of Freemasons, £525; The Fishmongers' Company, £525; The Merchant Taylors' Company, £525; Walter H. Burns, Esq., £500; The Skinners' Company, £500; The Clothworkers' Company, £500; Olim Guyensis, £500; F. A. Lucas, Esq., £500; H. Harben, Esq., £500; Birks-Garland Cot (per J. O. Garland, Esq.), £500; Messrs. Courage & Co., Limited, £500; Messrs. Worthington & Co., Limited, £500; Messrs. Stern Bros., £500; Lord Wandsworth, £500; Messrs. Lewis & Marks, £500; Anonymous (to found a "Silver Wedding" Cot), £500; Max Michaelis, Esq., £500; Mrs. Culling Hanbury, per the Treasurer, £500; T. Anthony Denny, Esq., £500; G. McCorquodale, Esq., The Trustees of, £500; R. Barclay, Esq., £500.

(The complete list is in course of preparation.)

Festival Dinner Notes.

Nothing succeeds like success, we are told, and the adage certainly seemed to be borne out by the events of Wednesday evening. The ordering of the tables was perfect, and the element of confusion in the finding of places was entirely absent. The dinner itself was excellent, avoiding the common fault of being too heavy, and the after-dinner speeches had the rare merit of being really worth hearing. H.R.H. The Prince of Wales delivered his several speeches with great clearness, so that he was well heard in all parts of the room. The Daily Press has made public his words, but scarcely his manner of delivering them, which showed how unflagging the Prince is in all the work—and that work for others—which he undertakes. His sustained interest and enthusiasm were worthy of all imitation, and noting these characteristics, we the more congratulate ourselves on his having accepted the Presidency of the Hospital, *vice* Lord Aldenham, resigned.

The general air of good fellowship, and of kindly interest in the Hospital, which prevailed throughout, made the function a very pleasant one for all who had at heart the welfare of their Alma Mater.

WE have been asked by the stewards of the Festival Dinner to be the means of conveying their sincere regrets and apologies to those who on Wednesday night suffered either to a small or great extent from the crush and disorder at the general cloak room at the Imperial Institute. Yet, while regretting these disasters exceedingly, the stewards cannot, we are sure, feel with any justice that the mistake at all rests with them, for all the cloak room arrangements were contracted for by the Institute authorities, and therefore quite out of the jurisdiction of the stewards. Strenuous efforts are being made to recover and restore lost articles with a fair amount of success, and so we trust that all inconveniences will soon be forgotten, all seeming offenders forgiven, and the whole affair judged with a calm mind and in the same light of "the day after," then shall we at Guy's, who have so much at stake in the present issue, be able to look back on the Festival Dinner Reception in 1896 as an unqualified success: so let these misfortunes, which are at once yours and ours, unite us closer to you who have in our recent misfortunes showed yourselves so true when Fate was false.

THE Treasurer commends to the notice of all readers the list of those subscriptions which amount to £500 and upwards published in this issue, and for the non-appearance of the entire list can only forward the excuse of success, for this having been attained to an unthought of extent, combined with the late date at which the Dinner Fund was closed, has rendered quite impossible the publication of a complete list of donations at so early a date. It has, therefore, been considered that the wishes of all our friends would be best served by a slight delay in the issue of the complete and correct list which is promised at the earliest possible date when a copy will be at once forwarded to all subscribers.

COMPARED with the ordinary routine of Hospital administration, this era of Re-endowment has been a gigantic procedure, and in like proportion the Festival Number of the GAZETTE has by comparison belittled our usual fortnightly efforts, so we feel that there could be no more fitting opportunity than the present for heartily thanking all those who have contributed in any way whatsoever to the success—for such it *must* be—of this our greatest effort, and we wish especially to state our indebtedness to Miss C. M. Pott, whose contribution to Re-endowment, in the shape of the superb etching which accompanies this issue, is already in extraordinary demand; to Mr. J. S. Eland, for so kindly designing and executing the special cover, and to Mr. W. Thomas, who has spared no pains and time to make the photos worthy of the high position he occupies in this branch of nineteenth century art.

FINALLY, in thanks to Dr. Pye-Smith, Messrs. A. F. Chapple, F. G. Hopkins, and the many others, who have given us much aid and advice in the literary work entailed, we can only point to the long list of demands for extra copies as their real reward—and be silent.

OWING to the expense entailed in the reproduction of our etching of Guy's Hospital, and the extraordinary issue which the immense number of subscribers has necessitated, it has been found impossible to make the presentation of a copy general, so copies can only be sent to donors of £5 and upwards. The Editor would be most pleased to hear from anyone entitled to one who may be overlooked, and guarantees that a copy shall be sent without delay. To others, who wish to obtain the etching, it may be of interest to know that it can be obtained from the same source on remittance of a postal order for two shillings; or a fine signed Artist's proof of the etching on Japanese vellum, mounted, at five shillings.

THE following description of the allegorical design on the cover will, no doubt, be of much interest to our readers:—

"Science standing on the steps of the temple of knowledge (which is decorated for festival) shields with her hand the flame of human life. Under her feet is disease typified by a serpent. Below, is Charity succouring the sick, the arrows being symbolical of pestilence. The arms of the Hospital are suspended on the column in the foreground, and its motto is inscribed beneath. A mosaic of St. Rock (the patron saint of the sick in hospitals) pointing to the wound on his thigh, is introduced upon the dado of the column. A rainbow, sign of hope after adversity, of sunshine after storm, gives augury of many days to come of prosperity and peace for the Hospital."

THE lady who, with marvellous forethought and good taste, placed at the foot of the statue of our founder, Thomas Guy, in the front quadrangle, a laurel wreath on Wednesday, as a token of respect for him whose charity was now celebrating its second birth—struck a true note of sympathy in the hearts of all who have paused and looked thereon—meditating with unusual attention on the almost unique generosity of him who "at his sole cost and charges" did endow this home of the needy and refuge of the sufferer.

[ED.—C. H. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

JANUARY 18, 1896.

Fractures of the Lower Limb.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

DELIVERED ON MONDAY, JANUARY 13, 1896.

GENTLEMEN,—During the last few months we have had some very interesting cases of fracture; so that to-day I intend to speak on the treatment of fractures of the lower extremity from the bedside point of view. I shall not go into the subject as the systematic lecturer, but give you what passes through the Surgeon's mind when he has a case of this kind before him. I remember that it was a great mystery to me, in my student days, to see the same fracture put up in different ways. I thought that the whole thing was mere faddism. I do not say that it is not sometimes now; but I shall try to give some good reasons for whatever I shall recommend. I know that for examination purposes it is very well to have one good orthodox way of putting up each fracture. But that kind of thing will not do at the bedside; you will find that in practice you will require to have more than one string to your bow.

First of all, is it of any importance at the bedside to know in what way the fracture was produced? Yes, it is of a distinct importance. It is not uncommon, however, for a broken leg to be put up regardless of the way in which it was produced, whether by direct or indirect violence.

Perhaps more care is taken with regard to this since the introduction of Croft's plaster of Paris splints. We now, at any rate, dressers and all, recognise the importance of knowing whether the fracture was produced by direct or indirect violence. If it has been produced by direct violence we often do not put it up in a Croft at once, as we want to see it again, since it is impossible at first to know the amount of laceration, etc., that has taken place. Again, the fracture might be comminuted: a condition by no means always discoverable at first where direct violence has much contused the soft parts around. Then, if the fracture is compound you will notice that, and probably adopt a special means for putting it up.

Now, you must always think of the relationship of fractures to joints. For example, a fractured patella or a vertical fracture of the femur, which has to be treated in a certain way because of its relationship to the knee-joint. You want to preserve the limb in good position, or you may want to flex the limb without interfering with the fracture.

As another example of the importance of the position of a fracture we may take a fracture of the femur below the lesser trochanter. In this case, from the action of the attached muscles, you would expect the upper fragment to be tilted forwards by them; but, as a matter of fact, it is sometimes pushed outwards by the lower fragment, which is driven into the muscle on its inner side, a different treatment being required in each case.

Having settled in your mind the character of the fracture, the next thing is to *set* it. You must be careful how you use that word *set*, as the public have very definite notions of their own as to the meaning of the word.

Some fractures really cannot be set. You cannot set a broken rib; it sets itself. Nor a simple fracture of the parietal bone with but very slight displacement: you leave it alone generally. But in these cases you must take care not to tell the patient or his friends that you cannot *set* the bones, or else your services will no longer be required.

To set a fracture is to adapt and immobilize it; and after taking into account the distortion produced by the accident, you have to consider a very important point, viz., distortion produced by *muscle contraction*. But other factors are at work besides muscle contraction. You will remember that physiologically every muscle is in a state of *tension*, so that when you cut into it, it gapes. You must also bear in mind, as one of the factors that produce deformity, what is really a muscle contraction, but a muscle contraction in a peculiar way, viz., reflex spasm of the muscles. When the end of the broken bone worries the muscle, it contracts spasmodically. If the patient is given chloroform, the spasm disappears at once.

Further, the deformity is affected by the weight of the lower fragment. I am unable to state exactly the average weight of a man's lower limb, but I think it is considerable, so that the weight of the lower fragment is not an unimportant item in a fracture of the thigh.

Then, bearing all these things in mind, you will have now to decide on the exact method of treatment that you are going to adopt.

In this there are two schools—(1), the old school, which can be traced down to Hippocrates, according to which the lower fragment should be pulled on until the deformity is reduced; (2), the other school try to relax the muscles by posture. Mr. Key, following Pott, was a great advocate of this system of treating fractures, and he employed it frequently in fractures of the lower extremity. In fractures of the leg, he only put on an outside splint, and he kept the patient's knee bent, so as to cheat the muscles as much as possible, the patient being placed on his side.

It is, however, a combination of posture and pulling that produces the best results, and having placed the limb in such a position that the muscles are relaxed as much as possible, you apply the required extending force.

In order to set a fracture properly there are five things to be done, of which three refer to the bones and two to the soft parts:—

1. The first thing is the *adaptation* of the two fragments of bone to one another; which is to be done as completely as possible. In oblique fractures this is a very difficult matter, as they tend to glide one on the other: but in transverse fractures the bones can be made to butt the one on the other with comparative ease.

2. Having been brought to the proper position, they should be *fixed* in this position.

3. In the case of the leg, the weight of the part of the limb below the fracture should be *supported*, so that it may not displace the fragments from each other.

4. The muscles should be *relaxed* as much as possible.

5. *Extension* should be applied to the lower part of the limb.

The two last, viz., *relaxation* and *extension*, sound contradictory, but I shall show you that both can be applied simultaneously in the case of a fractured femur. The muscles concerned in the case of a mid-fracture of the femur are the hamstrings and the Quadriceps Extensor. In the ordinary method of treating fractured thighs, by making the patient lie straight on his back and applying extension, the hamstrings and the Quadriceps act with about equal force. Both sets of muscles in this case being in a state of tension.

The question now arises, is there a position in which both sets of muscles will be passive? Yes, there is such a position.

If you flex the leg on the thigh you relax the hamstrings but make the Quadriceps tighter, so that the advantage you derive from the first is undone by the latter. But if now you flex the thigh on the abdomen you get over this difficulty, as this relaxes the Quadriceps. The limb is now in the best possible position to reduce the fracture, and oblique fractures cannot be satisfactorily set unless the limb is in this position.

Confining myself entirely to the thigh I shall now consider the different methods of treating fractures of the thigh, and see how far they fulfil these requirements.

Before doing this, however, I shall first read some notes about a case of fractured femur which we have now in the wards.

The patient is a male, J. T., æt. 22, and was admitted to Cornelius for a fractured thigh. Family history unimportant. Previous health good. Patient was on board a fishing smack helping to launch a boat, which, when being lowered over the side of the smack, struck the patient on his thigh. He was found to have fractured his thigh, and was sent by steamer to Billingsgate market and from there to the Hospital, where he arrived twelve hours after the accident.

On admission, he was found to have broken his femur, about the lower part of the middle third. There was about two inches shortening. The limb was temporarily fixed by sand-bags, to wait until a Hodgen's apparatus could be set up. We shall stop here and consider what other courses of treatment would be open, and see why Mr. Hancock, the dresser, thought a Hodgen's splint the best.

What we want to do in such a case as this is to reduce the fracture and to maintain the fragments in the correct position according to the principles above stated. As a Croft is so generally used for this purpose, we must first consider why a Croft does not answer in this case: and for this there are two very good reasons:—

(1). You cannot get sufficient grip of the part above the fracture to keep the two fragments in position. You may reduce the deformity and then apply a Croft, but as soon as you let go the bones will again overlap. There is one possible way of avoiding this, however, and that is by applying a plaster of Paris spica; but I am sure that if you will try to do this once, you will never try to do it again. On the Continent this method has been much used, and a special table is made for the application of the splint; but the difficulty of applying the plaster and the uncertainty of the result are enough in my mind to condemn it.

(2). The second reason why this method is unlikely to succeed is that a plaster of Paris bandage, however tightly applied around the thigh, becomes loose in a few days. This is because the femur is surrounded by a thick mass of muscles, and these muscles rapidly waste, so that the splint does not fit. When this method is applied to a fractured leg the case is quite different, as the splint gets a firm hold of the bony points around the ankle and the knee, so that the wasting of the muscles does not affect it. This mode of treatment for fractured thighs, however, has never been popular in England, because of the great trouble involved in applying it, and the possibility of having bad results after all.

The next method we must consider is that of adaptation and fixation, with continued extension. A stirrup is attached to the leg and the lower part of the thigh, and then weights are applied to this by means of a string, which passes over a pulley at the lower end of the bed—the limb being steadied by sand-bags or an outside splint. About ten pounds are attached at first, and this is gradually increased up to twenty pounds. You cannot apply much more weight than this, because either the stirrup gives way or the patient cannot bear it. You should take care that the lower part of the limb is hanging free from the bed, and that the string is passing over a pulley, in order as far as possible to avoid friction.

This, on the whole, is a very good method. But there is one very great objection to it. The patient will want his bowels open, and when the nurse attends to him she cannot possibly avoid disturbing your whole arrangement. Notwithstanding this objection, it is, as a rule, the most common way of treating a fractured femur. Treating a fracture in this way you often get a very good result, the shortening being very slight. When I was down in the country on my holidays once, I only had a piece of wood, a piece of rope and some flat-irons to treat the patient with. I had no strapping, so that I had to make a stirrup from a piece of cloth and tie it on to his leg. That patient recovered with very little shortening; the shortening was so slight that you could not notice any limp when he was walking. This method practically fulfils all our requirements; and its one great advantage is that the extension is continuous. You cannot hope to pull the bones into position soon after the accident; it is only after a good night's rest that the extension effects its purpose. You must not go on adding more and more weight the first day simply because the bones do not come into position, for the stirrup is almost certain to slip. It is on the next day that you will be able to tell whether you want more weight or not.

A variant of this method is the double Bryant splint. This, however, is rarely used except for children, because the elastic accumulator by which the extension is kept up, is not strong enough. But you may ask, may you not make the accumulator stronger? Yes, you may; but before you have reached extension-pull suitable for an adult your splint will have slipped down. We lately treated one lad of 13 or 14 in this way; but he was altogether too big for this form of apparatus. And we did so because his limb was so lacerated that we could not apply extension in the ordinary way, and three-quarters of an inch shortening resulted. This splint, however, is very good for nursing purposes, as the nurses are able to lift the patient without disturbing the fracture at all: it can also be used with the weight extension mentioned above in lieu of a single outside splint, when it renders nursing rather easier.

A further application of this method of continued extension in children is by hanging the lower limb almost at right angles with the child's body. In this case the weight of the child's own buttocks is the extending force, and the bones are kept fixed in a very good position. But you will say that it is impossible that the bones are fixed when the child is hanging in this way. They are, however, quite fixed, because, as I shall explain to you when I am describing the Hodgen, it is easier for movement to take place at the hip-joint than at the seat of fracture.

In this way a very good result is obtained, there being generally no shortening. Again, this method is very convenient for nursing purposes, the child being easily attended to without disturbing the fracture at all.

Extension by perineal band (an integral part of Liston's, Desault's and Boyer's splints) is useless; for, besides other reasons, the extension is not continuous.

The perineal band, however, is useful in some cases, *e.g.*, we have a child of six who is being treated with a Hodgen, and in this case we find it useful, in order to prevent the child from slipping down the bed, the band being fixed above to the bedpost.

One word on the inclined plane. The inclined plane has been chiefly used for treating fractures below the lesser trochanter, since generally the upper fragment is pulled forwards, and it is necessary to bring the lower fragment forwards also, before good union can be obtained; at the same time it puts thigh and leg muscles in the positions of relaxation; but its use as an extending apparatus is very slight, and even injurious, since the extension is through the knee-joint. Lately we used it once where there was great laceration of the soft parts in a case of fractured femur, as a temporary measure. A Nathan Smith's wire splint is really a form of inclined plane, and a Mackintyre can be used as one.

The splint which I want specially to discuss is the Hodgen splint. Hodgen's splint is a modification of the Nathan Smith splint, which consists of a wire frame fitted anteriorly, and the under part of which is formed of strips of flannel to support the limb, the whole splint being in the form of an inclined plane. In this case the leg is merely suspended, no extension being applied.

The splint of Dr. Hodgen, of St. Louis, U.S.A., and which he demonstrated in this theatre on August 26th, 1879, fulfils all the requirements before mentioned—viz., adaptation, immobilization, support, muscular relaxation, and continued extension.

It is extensively used in the wards of Guy's; although from the absence of any accessible account of its action and application, you may often see it put on incorrectly; some of the points strongly insisted on by Hodgen being lost in the process of transmission from dresser to dresser in twenty years. Fortunately I lately discovered some notes that I had myself made at his lecture which have helped me to correct some errors that have crept into the use of the splint nowadays; and I propose, therefore, in my next lecture to fully explain and to demonstrate its action and proper mode of application.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

PHILIP	5.	Dilated heart. Rheumatism.
	9.	Aortic regurgitation.
	10.	Aortic and mitral regurgitation. Aortic stenosis.
	19.	Aortic disease.
	33.	Dilated heart. Tricuspid regurgitation.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
STEPHEN	5.	Mitral disease. Cirrhosis of liver.
	9.	Mitral regurgitation and stenosis.
	14.	Hypertrophied and dilated heart.
	33.	Aortic disease.
	34.	Aortic regurgitation and stenosis. Lumbago.
	40.	Aortic and mitral regurgitation.
MARY	17.	Endocarditis. Chorea. Pericarditis.
	21.	Mitral stenosis and regurgitation.
	39.	Aneurysm of first part of aorta.

Nervous System.

PHILIP	5.	Progressive muscular atrophy.
	6.	Paraplegia. Traumatism.
	11.	Saturnine atrophy.
	13.	Hereditary ataxy.
	19.	Sciatica.
	20.	Locomotor ataxy.
	25.	Cerebellar tumour.
STEPHEN	2.	Hemiplegia.
	3.	Paralysis agitans.
	8.	Hemiplegia. Atheroma.
	30.	Chorea.
MARY	2.	Peripheral neuritis.
	13.	Chorea.
	20.	Chorea.
	28.	Hemichorea.
	30.	Left hemiplegia. Embolism.
	43.	Chorea. Mitral regurgitation.
	45.	Hemiplegia. Iritis.
	46.	Chorea.
Cot	57.	Broncho-pneumonia at left base.

Alimentary System.

PHILIP	20.	Carcinoma of stomach.
	27.	Cirrhosis of liver.
STEPHEN	1.	Carcinoma of stomach.
	13.	Epithelioma of œsophagus.
	19.	Carcinoma of liver.
MARY	41.	Suppurative appendicitis.

Respiratory System.

STEPHEN	12.	Emphysema. Bronchitis.
	23.	Hæmoptysis. Phthisis.

STEPHEN	27.	Phthisis. Tubal nephritis.
PHILIP	16.	Pneumonia at left base.
	17.	Phthisis.
MARY	3.	Phthisis.
	9.	Phthisis.
	19.	Phthisis, acute.
	54.	Empyema.

Excretory System.

PHILIP	1.	Tubal nephritis.
	3.	Gout. Granular kidney.
	7.	Acute nephritis.
	8.	Gout. Plumbism. Arterio-sclerosis. Enlarged heart. Interstitial nephritis.
	18.	Tubal nephritis.
	39.	Tubal nephritis.
STEPHEN	17.	Gout. Atheroma. Nephritis.
	36.	Impacted uric acid stone.

Specific Diseases.

PHILIP	25.	Typhoid fever.
	34.	Typhoid fever.
STEPHEN	20.	Typhoid fever.
	39.	Typhoid fever.
MARY	14.	Typhoid fever.
	18.	Typhoid fever.
	35.	Typhoid fever.
	36.	Lepra.
	37.	Typhoid fever.
	53.	Diphtheria.

Miscellaneous.

PHILIP	28.	Lymphadenoma. Mediastinal tumour.
STEPHEN	7.	Lymphadenoma.
	15.	Diabetes.
	16.	Pemphigus vulgaris.
	28.	Gonorrhœal rheumatism.
	38.	Diabetes.
MARY	1.	Chlorosis.
	22.	Osteo-arthritis.
	29.	Exophthalmic goître.
	31.	Torticollis.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

ACCIDENT	20.	Gas explosion. Burn.
	14.	Old injury to spine. Paraplegia. Laminectomy.
NAAMAN	1.	Undescended testicle. Previous orchidopexy. Castration on account of pain.
	11.	Swelling in inguinal region. Undescended testicle. ? Inflamed glands. ? Orchitis and hydrocele. Fistula in ano.
	14.	Hydrocele of tunica vaginalis.

CASES UNDER MR. DAVIES-COLLEY.

LYDIA	5.	Old osteotomy for genu valgum. Stiffness in knees. Re admitted for re-fracture of left femur from manipulation of knee.
	9.	Removal of carcinomatous glands from root of neck. Removal of right breast a year ago. Induration of left breast. Exploration.
	Cot.	Hare-lip.
LUKE	2.	Phlebitis of external saphenous vein.
	5.	Caries of spine. Psoas abscess.
	9.	Recurrent carcinoma recti.
	11.	Infantile hydrocele.
	19.	Old hip and shoulder disease. Old amputation of left leg. Abscess in left arm.

CASES UNDER MR. LUCAS AND MR. LANE.

LYDIA	15.	Spinal caries. Lumbar abscess.
CHARITY	4.	Chronic abscess of breast.
	5.	Small adenoma of breast.
	Cot.	Cleft-palate and hare-lip.
JOB	4.	Prolapse of rectal mucous membrane.
	6.	Iliac abscess. Incision.
	16.	Old gastro-duodenostomy for carcinoma of pylorus (Murphy's button).
	—.	Pyuria. Previous nephrectomy for pyonephrosis.
	21.	Œsophageal stricture.

CASES UNDER MR. GOLDING-BIRD.

ACCIDENT	30.	Fractured ribs, sternum and clavicle.
	31.	Fractured jaw.
CORNELIUS	8.	Compound fracture of tibia and fibula.
	14.	Concussion.
	17.	Fractured femur.
MARTHA	7.	Swelling in lumbar region. ? Sebaceous cyst. ? Lipoma.
	8.	Run over. Injured kidney. Hæmaturia.
	17.	Tuberculous knee-joint. Erasion.
	18.	Spinal caries.
	22.	Gouty bursa patellæ.
	Cot.	Ununited fracture of tibia and fibula. Old operation. Bones united with silk. Still ununited.

CASES UNDER MR. GOLDING-BIRD AND MR. DUNN.

LAZARUS	1.	Inguinal hernia.
	8.	Acute necrosis of ilium.
	14.	Anthrax.
	15.	Hip-joint disease.
	16.	Congenital inguinal hernia.
	18.	Femoral hernia.

CASES UNDER MR. JACOBSON.

NAAMAN 20. Malignant growth in rectum.
21. Undescended testicle. Hernia. Castration.

CASES UNDER MR. SYMONDS.

LUKE 16. ? Myeloid sarcoma of alveolar border of lower jaw.
17. Epithelioma of penis and mass in glands of groin.

In the "Charity."

E. B., being seven months pregnant, sent up her card on December 5th, having the following philogenetic history:—Eighteen confinements in fifteen years, including five children (twins twice) in one period of two years and three weeks, and three children and two miscarriages (five confinements) in the last two and a half years. I might mention also that she once reared a six-months' child till it was two years old.

The Extern, finding the pains weak, left for a while. On December 8th, at 7 a.m., the membranes ruptured. At 9 p.m. the os was about three-quarters dilated, but quite soft; pains were strong and frequent, the presentation being L.O.A. In spite of all this there was absolutely no attempt at advance. Consequently forceps were applied about midnight, when the child was delivered with great ease. The child was living, but died two days later, to the evident satisfaction of the mother.

In this case, apparently, the uterine walls had become degenerate from the great number of pregnancies, and probably syphilitic disease, and the Form-restitution Force was, therefore, almost entirely lost; the pains were merely circular contractions round the fœtus, and so, though there was no obstruction of any kind, there was also no tendency to advance.

C. M., æt. 23, was safely delivered of her first child on December 12th. On the evening of December 15th, her temperature was 103°, with pain in the right hypogastrium. Bowels were opened.

The next morning the abdomen was tender, but the chief complaint was headache. The lochia was moderate in amount, not particularly offensive, but the linen had not been changed as frequently as desirable. The cervix was split on both sides. The milk was not suppressed: the nipples were sore. Sapræmia rather than septicæmia was therefore diagnosed. The uterus was irrigated with carbolic lotion by means of a Budin, and vaginal douches were continued twice daily. Patient also had diarrhœa, passing undigested milk; but this was controlled by giving peptonised milk, and Mist. Bismuthi et Morphinæ. The pyrexia and headache continuing, the uterus was again irrigated on the evening of December 18th. But scarcely had the lotion begun to flow, when patient suddenly collapsed, and became deeply cyanosed, breathing stertorously, with very small pulse; at the same time her bowels were freely moved. Cyanosis slowly passed off, and patient gradually became conscious in about an hour.

Dr. Horrocks, who saw her, diagnosed pulmonary embolism from dislodgement of a clot in one of the uterine sinuses, and mentioned a case with very similar symptoms, including the defæcation, fatal in six hours, which occurred while he was applying iodine to a cervix that he had treated similarly several times before for ulceration.

On December 19th, patient seemed a little better, but on December 20th, she became worse and died that evening. Except for a rub at the right base, and great pain on both sides with respiration, there was nothing to localize the embolus. A post-mortem was refused.

E. C., æt. 23, single, was admitted into Dorcas, on December 26th, from the Surgery with the following history:—

She had not menstruated since August 25th, four months back, having previously been regular. One month ago, she began to have difficulty in passing her water. Three weeks ago, on trying to do so, she found she had passed about a pint of "blood," which she thought came from the vagina. Since then she had been continually losing a dirty-brown fluid. For the last week there had been considerable abdominal pain, and the patient had felt very ill.

On examination, the breasts were found to be firm, and from them a mucoid fluid could be expressed. A prominent, central abdominal tumour—reaching above the umbilicus, and dull to percussion—was present. Fœtal heart could not be heard then or at any time. Per vaginam or rectum a soft tumour could be felt between the two canals, about the size of a fist, bulging forwards so that the finger could not reach the fornices or cervix, nor yet beyond the limit of the tumour. On passing a catheter, 76 ounces of dirty-brown-coloured urine were drawn off—the reaction was neutral, sp. gr. 1010, blood present; the odour was most offensive, but not ammoniacal; 60 ounces more were passed during the night. The tense abdomen was then found to be lax, and the tumour did not reach to the umbilicus. On December 30th, the post-vaginal tumour had suddenly disappeared, and the case then presented merely the signs of a four months' pregnancy. The urine became clear the same day except for a small deposit of mucus and pus cells.

Dr. Galabin, who only saw patient on the 30th, considered that it was a case of retro-flexed gravid uterus, which underwent spontaneous rectification, the post-vaginal tumour being a cul-de-sac of the uterus. Patient left the Hospital on January 8th, quite well.

Before the disappearance of the tumour, the other conditions thought of were:—Ovarian tumour, sub-peritoneal fibroid, extra-uterine fœtation, retro-uterine hæmatocele or serous perimetritis, abscess of tube, prolapse of abdominal viscus as kidney or hydatid cyst; but the only likely one of these was ovarian cyst complicating pregnancy.

E. C. T.

In the Out-Patients' Department.

CASES UNDER MR. SYMONDS.

CASES OF SECONDARY SYPHILITIC ERUPTIONS.

Several patients presented themselves exhibiting the cutaneous symptoms of secondary syphilis with varying degrees of severity. Mr. Symonds took the opportunity of pointing out the relation which the different secondary rashes have to one another. He urged that they must not be regarded as so many distinct varieties, one or another of which occurs in each case of syphilis to the exclusion of the others; but that they are rather all due to, and in fact are all manifestations of the same pathological process, viz.—a superficial inflammation of the corium; the particular form which the eruption has at any given time being due to the severity of the inflammation and to the stage to which it has advanced. Thus, the simplest and earliest rash is a hyperæmia of the skin, giving rise to syphilitic roseola. After this hyperæmia has persisted for some time, pigment becomes deposited, causing the roseolar rash to become darker, and later, when the inflammation subsides and the hyperæmia disappears, giving rise to the macular syphilide. Frequently some desquamation of the epidermis follows, when the rash is termed a squamous syphilide. Such is the course of events if the inflammation of the skin is comparatively slight; if, however, it is more acute, exudation takes place into the papillæ, the skin becomes raised, and the syphilitic roseola passes on into a papular syphilide. Should the inflammation now subside (as it usually does) the exudation is gradually absorbed, the papules disappear, and desquamation of the surface follows, giving rise, as before, to a squamous syphilide. Occasionally, however, the inflammatory process persists, and exudation occurs between the corium and epidermis, producing a vesicular syphilide, or, should the exudation become purulent, a pustular syphilide. Still more rarely in untreated syphilis, a papular syphilide may pass on into rupia, the epithelium over its surface breaking down, and the ulcerative process then proceeding underneath the scale. Condylomata are simply papules, the epithelium of which has become sodden in consequence of the moisture of the situations in which they occur. In the mucous membranes the process is very similar; thus, there is first hyperæmia, then mucous tubercles are formed, which, like condylomata, are merely papules, in which the epithelium has become sodden and glued together by the secretions, and lastly, the epithelium breaks down, forming superficial ulcers.

From the above considerations it is obvious that in any given case of secondary syphilis it is possible to form a very good guess as to how long the rash has lasted; the deeper the pigmentation the longer the duration, while the subsidence of papules, or the desquamation of the epidermis, both indicate that the process has reached the stage of involution, and therefore has presumably lasted some time.

Case for Diagnosis.

A MAN, aged 34, married.

Family history.—Vague, and apparently unimportant.

Personal history.—Small-pox as a child; subsequently good health, except for occasional headaches, lasting for a few hours at a time. When seventeen years old, had a short attack of urethritis.

Present illness.—Seventeen months ago a sudden attack of violent epigastric pain, accompanied by retention of urine and fæces, lasting for about five days. The application of hot fomentations brought about the discharge of large quantities of urine, the pain in the epigastrium gradually disappeared, and the action of the bowels returned with much straining, and a great burning sensation radiating over the perineal region. This burning pain lasted for about a fortnight, accompanying each action of the bowels, and for three months there was much tenesmus, followed by scanty evacuations of material "like grease," sometimes tinged with blood. The pain in the anal and perineal region gradually disappeared, but the bowels continued constipated.

Fourteen months ago, while at work, he was seized again with a sudden and violent epigastric pain, which lasted all day and left a burning sensation as it disappeared. Two days later a similar attack ensued, and, according to his best recollection, there was some vomiting of dark material at this period. He has suffered from four more attacks of a similar character before coming under observation on September 22nd.

Present condition.—Wasted, anæmic, muddy-coloured skin. Complains of constant epigastric pain, occasionally radiating towards the right hypochondrium, but more generally "stabbing straight back to the spine." This pain is liable to acute exacerbations. Occasional vomiting, some hours after food as a rule, consisting of semi-digested food; at other times before food, consisting of bile-stained mucus. There is no tender spot, nor can anything abnormal be detected by palpation in the epigastric region. The descending colon is full of scybalous masses; constipation obstinate. There are signs of early tubercular mischief in the apex of each lung. On percussion the stomach appears enlarged. Pulse and temperature normal. Examination of the vomited matter shows the presence of free hydrochloric acid, and microscopically are found altered blood corpuscles, white corpuscles, mucous corpuscles, semi-digested food and columnar epithelial cells, the latter presenting no abnormal peculiarities. Urine acid, sp. gr. 1020; no albumin; some excess of phosphates; no sugar. Urea 15·12 per mil. No bile pigment.

Treatment.—Enemata and milk diet. Alkalies. Gradually increased diet.

Subsequent course.—Vomiting ceased, and likewise the epigastric pain. General condition improved rapidly. Sleeps well. Gaining weight. On almost ordinary diet. At the end of October the pain suddenly reappeared as violently as ever. Vomiting set in, at first consisting of ingesta, then gruel-like matter, and finally bile-stained

mucus. Effervescent draughts slightly controlled the constant vomiting; but by November 6th the vomiting was as bad as ever, and the epigastric pain becoming more intense and more frequent in its attacks. A blister applied to the epigastrium. On November 7th retention of urine set in, lasting for 48 hours, and on passing a catheter a large quantity was drawn off, and normal micturition was re-established. The constipation is very troublesome, and constant recourse to enemata is necessary, the stools always consisting of scybalous masses. Life was prolonged a few days by the use of rectal alimentation, but the vomiting was never controlled and the patient died exhausted.

The correct diagnosis, verified *post-mortem*, was arrived at on November 6th, after a thorough examination of the patient.

A Case of Pleurisy ending in Tubercular Meningitis.

UNDER THE CARE OF DR. RAWLINGS.

E. B., labourer, aged 26. Admitted August 15th for left pleurisy. Patient has been drinking heavily lately and was first taken ill on July 17th. Felt weak; sweated; fit of coughing. Pain in right chest has gradually got worse.

Condition on admission.—Patient seems on the brink of D.T.; lips and tongue tremble. He is constantly sweating. The left side of his chest does not move on respiration; dulness all over; loss of vocal resonance; high-pitched breathing at apex.

Paracentesis on admission; ʒiv. of serous fluid withdrawn.

August 16. Paracentesis in sixth left space at anterior axillary line; 63 ounces of clear fluid.

21st. 90 ounces of clear fluid withdrawn from same spot.

September 2nd. Does not improve. The cardiac impulse is very indefinite but appears to be shifted outwards, one inch outside nipple. Air enters left chest down to sixth rib; below this pleura appears thickened, and physical signs are almost absent by stethoscope.

5th. Six ounces of clear fluid withdrawn.

16th. Thirteen ounces of clear fluid withdrawn.

30th. Six ounces of clear fluid withdrawn.

Chest seems clearing; general condition better.

During October the patient gradually improved, but his temperature was always slightly raised at night.

November 1st. Dulness over chest has increased; mental condition very dull; temperature at night 101°. No fluid can be discovered in chest.

2nd. Patient very sick. Passing very little urine; this is crowded with phosphates, but contains no albumin; mental condition worse; has to be fed.

He rapidly got worse and died on the 10th. The urine contained a good deal of albumin during the last three days.

Post-mortem.—Tubercular meningitis and pleurisy on left side. Pericardium thickened and adherent throughout; a considerable amount of fluid in left chest; a few small scattered caseous masses, and a few miliary tubercles at left apex.

Brain.—Basal membrane opaque and white; ventricles distended with turbid serum; a few scattered tubercles round ventricles.

I thought this case might be worth recording, as it is so instructive. The rapid re-accumulation of fluid in the left chest at the end of August, made us suspect there was more than an ordinary pleurisy.

The fluid seemed located between the pericardium and pleura; it never showed any signs of pus, although he was tapped eight times.

Although the pericardium was adherent throughout, there was nothing to point to this condition beyond rather faint heart sounds.

He seemed on the way to make a good recovery when tubercular meningitis carried him off.

The tubercles at left apex were caseous and evidently of old standing—probably the patient's drunken habits and the attack of pleurisy woke up the old mischief. I do not think the attack of pleurisy was tubercular to start with, as the left lung only showed signs of mischief at the extreme apex.

Another interesting point was that his temperature was often normal at 6 p.m., and up to 102° by 10 p.m. If an hourly chart had not been kept, this important point might have been easily overlooked. S. F.

Swansea Hospital.

De Examinationibus.

IV.

THE LADIES AND THE COLLEGE.

THE day is not long past when the College of Surgeons followed the example of that of the Physicians in refusing the admission of women to the examinations they control. Since then a number of individuals of "mental, moral and physical" bad taste have thought fit to have their say upon the subject in various medical journals usually characterised by some degree of respectability.

There are some who are philogynaecic enough—nay, even uxorious enough—to hold that only the best of any or everything should be given to the fair sex. In the matter of degrees in arts, science, medicine, etc., many consider that the London University is so far from being infinitely bad that it is fully justified in admitting the ladies to the several examinations and degrees that it has the power to control or grant. There is, then, some evidence that some of the Best can be obtained in or about the County of London. What, then, has the College of Surgeons to offer, when it fails to ape the action of the Conclave of Apothecaries? It has the power of granting a brace or so of diplomas, and possesses a good museum and a good library.

To deal with the latter two first, it may be remarked that both are of the best—perhaps even better still. The Hunterian Museum may not only be visited and inquired into by ladies or others, but a day is even entirely set apart for their onslaught on bleached remains in methylated spirits, and other objects of interest. In regard to the library, petticoated readers are not entirely unknown. Sometimes two have been seen coincidently studying, and observing the rule concerning taciturnity.

So far, then, as the museum and library are concerned, the College is chivalrous enough to offer such great advantages as it posesses with sufficient freedom. It may be assumed from Its readiness to give Its best, that It tacitly admits that naught else within Its power is good enough to offer, even on bended knee, at the feet of the fair ones. This being so, it would be idle to enquire more narrowly where the weak point is situate —whether in some lack in arrangement and co-ordination, or some want of stamina, or of patience: the tacit admission, that there may be something wanting somewhere, must suffice. There are, no doubt, faddists, who would give, or take, the bad and indifferent as well as, or in place of, the good in their less sober moments; even unto the dissemination of advertisements of mediocre attainments. Let us pause, then, in happy contemplation of the chivalry shown by the Council of the College of Surgeons; "some" having rushed in where others "of another sort" fear to tread.

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The Physical Society.

A CLINICAL evening was held in the Library on Saturday, January 11th, Mr. Harnett in the chair, about twenty members being present. The following cases were shown:—

Mr. ROWLANDS: A case with a history of injury about the elbow-joint. Mr. Rowlands was inclined to regard it as an old greenstick fracture of the lower end of the humerus.

Mr. Taylor thought it might be a complete fracture of the lower end, and recommended early wiring as the treatment in these cases.

Mr. Parry regarded the case as one of separation of the lower epiphysis of the humerus, and recommended no treatment in this case, as the patient had a very useful limb.

Mr. Gocher suggested a separated coronoid process.

Mr. Spriggs was inclined to regard it as a fracture of the lower end.

Mr. Ramsden and Mr. Moffat suggested exostosis.

Mr. Clayton regarded it as a separated epiphysis.

Mr. ANDERSON showed a case of cleft-palate, with adenoid growths showing through the cleft and a certain amount of arrested development in the lower jaw.

Mr. Ham, Mr. Ramsden, Mr. Parry, Mr. Moffat and Mr. Taylor discussed the case.

Mr. EDWARDS: A patient, a negro, with œdema of both legs. Had lived in British Guiana. History dated from six months ago: swelling began in ankles and had gone up to knees; skin scaly and dry; patches of anæsthesia on limbs; no cardiac or renal cause; no filariæ (only one examination made so far).

Mr. Parry discussed the possibility of beri beri, elephantiasis, malarial neuritis, leprosy and œdema without albuminuria connected with syphilis.

Mr. Harnett suggested syphilitic periostitis of the tibiæ.

Mr. Anderson thought it might be carcinoma *en cuirasse*, or some foreign skin disease.

Mr. Clayton discussed supernumerary mammæ of the tibiæ.

Mr. CLAYTON exhibited a case of muscular dystrophy in a painter, which he was inclined to regard as neuritis due to lead poisoning, of which there was a definite history.

Mr. Edwards, Mr. Anderson, Mr. Ramsden and Mr. Harnett spoke on the case.

Mr. RAMSDEN showed a man with a Pott's fracture treated by immediate wiring with most excellent result.

Mr. Spriggs quoted three cases of wiring of simple Pott's fracture in all of which the bones could not be got into accurate position without operation.

Mr. Harnett was not convinced of the advisability of wiring in Pott's fracture.

Mr. Parry recommended immediate wiring of all fractures in men who had hard work to do, and in whom the bones could not be got into accurate apposition.

Mr. Taylor spoke of an old case of ununited fracture of the tibia and fibula treated by screwing without any good result.

Mr. Gocher mentioned a similar case.

Mr. Rowlands spoke of the importance of accurate apposition in Pott's fracture.

Mr. Anderson, Mr. Spriggs and Mr. Harnett also spoke.

Mr. EAST: A boy with adherent pericardium, and a man with malignant disease of liver.

OTHER CASES: Nævus of palate; double mitral disease and thrombosis of axillary vein.

A vote of thanks to the exhibitors terminated the proceedings.

Appointments.

DUNDAS, M. G., M.R.C.S., has been appointed Medical Officer by the Mitford and Launditch Rural District Council.

MANBY, EDWARD PETRONELL, M.D. and D.P.H. Camb., has been appointed Assistant Medical Officer of Health for Liverpool.

STURGES-JONES, W. E., L.R.C.P. Lond., M.R.C.S., has been appointed Resident Medical Officer to the Peruvian Corporation in the Colony of the Perené in the Republic of Peru.

WILKINS, J. C. V., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Third District of the Liskeard Union.

The Sustentation Fund.

Statement of Receipts and Disbursements to date in connection with the following entertainments given by the "Dis-Guysed" Minstrels:—

RECEIPTS.

	£	s.	d.
To Cash received from sale of tickets and programmes, including special donations from Norwood and Woodford:—			
Brockley	46	7	3
Peckham	58	5	4
Southwark	44	1	11
Surbiton	90	7	6
West Norwood	105	2	5
Woodford	60	16	2
	£405	0	7

DISBURSEMENTS.	£	s.	d.
By cash paid for hire of halls, chairs, etc....	28	9	10
„ Orchestral and musical expenses, including an honorarium of £15 to conductor; remuneration of three professionals; hire of pianos, &c. ...	45	8	8
„ Cost of fitting-up stages at the various halls	13	1	8
„ Hire and purchase of costumes	13	4	10
„ Travelling expenses for Troupe, Orchestra, and properties	10	4	6
„ Refreshments and incidental expenses...	8	11	0
„ Bill-posting and advertising	16	1	0
„ Printing and stationery	39	0	6
„ Balance to be paid over to the funds of the Hospital	230	18	7
	£405	0	7

J. A. REASIDE, *Hon. Sec.*

January 16th, 1896.

Statement of Receipts and Expenditure in connection with the performance of "A Pair of Spectacles," by the Anomalies Dramatic Club, at St. George's Hall, on 11th January, 1896.

RECEIPTS.	£	s.	d.
To Sale of Tickets and sundry Donations ...	178	1	0

EXPENSES.	£	s.	d.
By Licence for Play	5	5	0
„ Hire of Hall	15	15	0
„ „ Costumes, etc.	7	19	6
„ „ Piano	1	1	0
„ Travelling Expenses for Actors and Orchestra, Postage and Incidental Expenses	6	12	10
„ Printing	11	10	6
„ Balance to be paid over to the Hospital...	129	17	2
	£178	1	0

J. A. REASIDE, *Hon. Sec.*

16th January, 1896.

Last Appearance of the "Dis-Guysed."

THE Nigger Troupe and Orchestra made positively their last appearance for the present season in the Assembly Rooms at Surbiton on the night of Monday, January 6th. The hall was well situated between Surbiton and Kingston, so as to tap the society and purse of both towns, and the house, with the exception of the half-crown gallery, was as full as it could be. In the absence of the gallery element, and the prevalence of gloves on the ladies' hands, the applause was quieter, but by no means less hearty than at most of the previous performances. The hall itself was spacious and good for sound, and the stage and dressing-room all that could be desired.

An extra practice had been held on the same morning, and the *ensemble* of the chorus was materially improved. The singers were all in good voice, having lost their sore throats, and except for one or two trifling differences with the conductor, the orchestra acquitted themselves, as usual, most creditably. The sketch was again omitted, the musical sketch given at West Norwood by W. C. C. Pakes being repeated, and the Dance and "Cat's Courtship" proved more successful, if possible, than ever. But for several reasons all were very sad at the enforced absence of Massa Alfred. The omission of "The Dandy-Coloured Coon" was naturally a severe loss to the audience, while all must at the same time tender their warmest sympathies and good wishes to Dr. Allport in his time of anxiety.

Mr. Reaside, as usual, made a most successful little speech between the acts, claiming the sympathies and support of the audience for the Hospital, and expressing his appeal with meritorious dignity, enthusiasm and brevity. "The audience," in the words of one of their number, "was sensibly touched."

The railway company had inadvertently arranged their time-table so as to leave an hour after the end of the performance for the patronising of the local "estaminets." They were rewarded by performances gratis from Surbiton to Waterloo, and by many pleasant conversations at the stations *en route*.

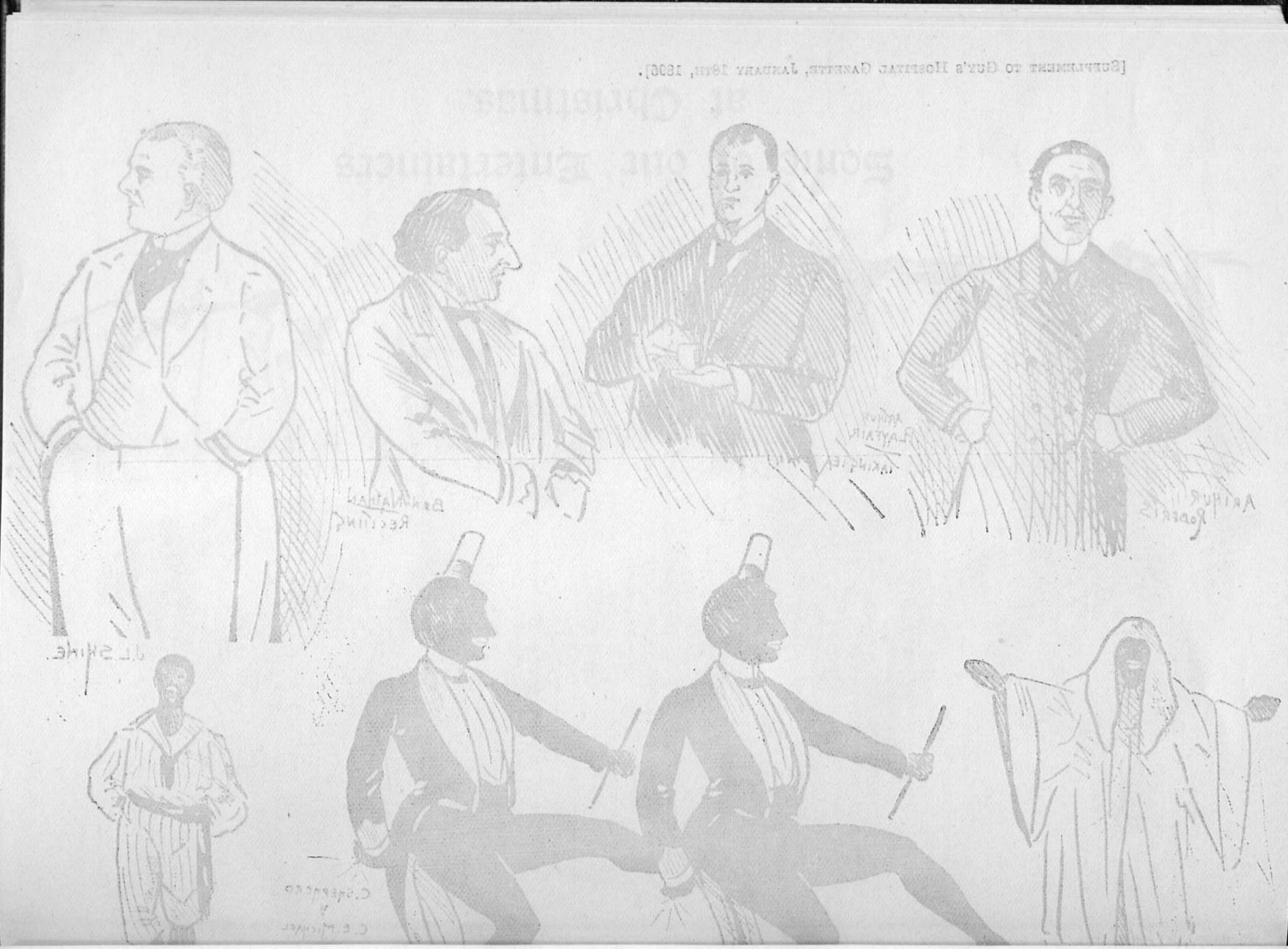
The Minstrels' tour is now over, and they are able to look back with the utmost satisfaction to the result of their efforts, and to look forward in the true spirit of sport and patriotism to yet greater feats next winter.

Dental Appointments.

FEBRUARY, 1896.

Dressers in the Gas Room.—Messrs. E. D. Bascombe, R. G. Edey, L. S. Hounsell, G. Naish, A. E. Oddy and N. H. Oliver.

Dressers in the Ordinary Extraction Room.—Messrs. C. S. Brookhouse, A. Cooper, H. L. Dorrell, A. L. Rowley, C. B. Stainer and A. W. Walker.



Some of our Entertainers at Christmas.

Passim.

THE Debate which we announced in our last issue as fixed for to-night, is to be started by an address on Socialism by the Rev. Percy Dearmer. Mr. Dearmer is widely known as one of the most ardent supporters of the extreme Socialist movement. As a speaker he is both witty and fluent; and as an opponent in argument he is one of the most awkward men to corner that we know. It is to be hoped that the Conservative party in Guy's will rally in better force than on the last occasion, when party politics were under discussion in the Local Veto question; and that all will endeavour to enlist a large audience to hear so clever and distinguished a champion of a theory which has at least amused if it has as yet failed to convince us.

OUR hearty congratulations will follow Surg.-Lieut. G. Sichel with the "Gibraltar," as she sails away with the Flying Squadron, whither no one yet seems to know. We are much pleased to think that he has so soon given evidence of his skill, and thus secured so prominent a post.

CHRISTMAS, as viewed in the light of the festivities which follow in its train, is now over, for the "Dis-Guysed" have appeared for the last time, and the curtain has fallen in front of our many other friends and supporters, and now not the least pleasant, and after all the most important item, claims our notice—the question of "proceeds." By reference to another column it will be seen that the Niggers have succeeded in amassing the splendid sum of £230—an amount far in excess of our fondest hopes. This, with £130 net from the "Anomalies," and £50 from the kind efforts of the Lady Probationers, shows what determination and energy may do; for though, in a sense, the performers gained a moderate amount of amusement themselves from their rehearsals and trips, yet their self-sacrifice deprived them entirely of all homely and social comforts during Christmas-time.

FIFTY POUNDS was the gross result of the journey to Woodford of the "Dis-Guysed." Here are two appreciations of the Troupe:—"Will you convey to the Troupe the thanks of the whole audience for a very capital entertainment and a most enjoyable evening. I only hope that this is not the last time we shall have the pleasure of seeing the 'Dis-Guysed' Minstrels at Woodford; and if they do come again, I think I can promise them even a warmer welcome than they had on Thursday last." "Without doubt, the entertainment was an unqualified success. Special praise is due to the orchestra which accompanied the songs feelingly and in perfect time, and was ably conducted."

WE have thanked Mr. R. R. Terry before now, and we do so again, for the great trouble he has taken in preparing and conducting the Niggers and Orchestra in their recent performances. The thanks, however, of all concerned in the welfare of the Hospital are equally due to Messrs. Fairclough and Wiens (1st violins), Messrs. Morgan and Haines (2nd violins), and Mr. Eason (violoncello), who at great cost to themselves of time and trouble, have taken so prominent a part and given such assiduous attendance on each successive occasion, when Guy's had no more claim on them than on any other business men.

So numerous have been our benefactors during the past season of festivities that it would be impossible to express our indebtedness to them all in turn, but we cannot let such an occasion pass without specially thanking Miss Trouncer, to whose splendid efforts the huge success attained at Surbiton was largely due.

IT is scarcely necessary for us to call the attention of our readers to the posters proclaiming the dates fixed for the Rugby Inter-Hospital Cup ties, of which the first round is to take place at Richmond, as follows, on

M. Jan. 27th, Charing Cross *v.* St. Bart.'s.
Tu. ,, 28th, Guy's *v.* Middlesex.
Th. ,, 30th, St. Thomas's *v.* London (holders).

THE "Mellin" Inter-Hospital Cycling Shield, which we hold this year jointly with the "London," has recently come to the Smoking-room for its six months' stay, at the expiration of which time we hope it will not depart.

A FORTNIGHT ago the Women's Front Surgery was the "Theatre" in which an important surgical operation was performed, for there one of the House-Surgeons cut down on and wired a fractured femur in a pug-dog. "Prince"—after a few frights to his attendants, including a temporary immersion in a tank—has since the

operation shown marked progress, and is already a well-known favourite in the immediate neighbourhood. We hope later to publish full details, and possibly a portrait of the patient, now occupying the "Surgery Private Room."

WE have received an early copy of the "Students' Calendar," and find it teeming with useful data, including for the first time the meetings of the Debating Society, and the arrangements of the examinations of the Durham University.

THE activity shown by those who are to build the new Laboratories is simply appalling; already a temporary road has been laid down along the north-east side of the Museum: a huge crane has found its way into the Park: the far Fives-court is rapidly being demolished, and we "Dunno where we are," or rather where we were.

LAST year the amount found in the boxes "for the use of the Hospital" was £62, this year those in receipt of relief have gone one better, and £66 has found its way into our coffers.

TWELVE months have now elapsed since we recorded the fact that the annual sum collected for the Patients' Christmas Dinner had reached a record of £60, but the record in such things is always soon endangered at Guy's, and so now we are pleased to note that this year £67 was collected for the dinner, and for the many other necessaries connected with that festive and happy period now, alas, past for ever.

WE noticed that recently the degrees of M.A., M.D. Cantab were conferred on Mr. G. T. Birdwood.

Mr. W. C. C. PAKES is the most recent of our alumni to "take his walks abroad," for last week he started for a course of research in Vienna. Dr. Fawcett has just returned from Tübingen, while Mr. J. B. Leathes is still busily engaged at Berne.

Mr. E. H. van Someren has just left us to start a practice in Venice, where he hopes to—and we hope he may—administer to the wants of the many English-speaking visitors during the touring season. It is pleasing to know that the first Englishman, we believe, to settle in this charming city is a Guy's man.

Two Guy's men, K. B. Alexander and H. N. Clarke, figured—and that prominently—in the Surrey team on the occasion of their recent brilliant victory over the Midlands, and we trust Clarke will prove a great acquisition to our ranks in the oncoming Cup ties.

AT the Holborn Town Hall, on Thursday, the 6th of February, the United Hospitals' Cycling Club will hold gay revel at a Cinderella, which everyone who can enjoy the mazy dance should take care not to miss.

THE recent disturbance in the Transvaal has caused anxiety even to those of us who can look without alarm on the political and national aspect of the question, for many of us have some relatives or friends who willy-nilly have found themselves involved, in some way or other, in the crisis. At Guy's much interest has daily been evoked by the accounts of the imprisonment of Englishmen, especially of those of Guy's men, for Dr. Davies, and his partner, Dr. W. G Rogers, whom most of us remember as House-Surgeon to the late Mr. Durham, have, if the paper accounts are to be believed, been amongst the unfortunate sufferers in the general arrests.

THE No. 2 Company of the Volunteer Medical Staff Corps will hold their Annual Dinner and Smoking Concert on Friday, the 24th inst., at the "Horse Shoe," Tottenham Court Road, when Lieutenant and Quarter-Master W. Pilling will take the chair, at 7.15 p.m.

WE hear on good authority that the notice, which has lately appeared in an evening paper —not too exemplary for its veracity—of the sale of the old Guy's burial ground, in Snowsfields, is entirely inaccurate, and that though the Metropolitan Public Gardens Association have for some time been attempting to acquire this plot of ground for public purposes, yet the negotiations are still incomplete.

WE are requested to announce that there are vacancies on the Photographic Committee of the Physical Society. Applications for appointment to the committee should be forwarded to the Honorary Secretary. Members of the Physical Society elected on this committee are privileged to use the Hospital Studio for the purposes of photography, under the control and regulation of the Curator of the Museum.

Presentation to Mr. Lucas.

ON January 8th, Mr. Lucas dined with the Residents, the steward providing an excellent menu. The opportunity was taken to give Mr. Lucas a wedding present from past and present dressers and other friends. This took the form of a handsome silver bowl by Mappin and Webb. The presentation was made on behalf of the subscribers by Mr. Richmond, and was followed up by a few apt remarks by Mr. Robinson.

Mr. Lucas replied at some length, and said, "He thanked the Residents and subscribers most heartily on behalf of his wife and himself. Words failed him to convey his great appreciation of the honour done to him. He knew the sacrifices which had to be made before such a magnificent present could be raised. Though poor, the medical student was always generous, and he had never met with such self-sacrifice, courage and bravery in his experience of other professions as that shown by the much-abused medical student. He was proud to know that he had the congratulations and good wishes of so many old dressers and friends, and he only wished Mrs. Lucas could have been present to thank them personally on her own behalf."

After the recalling of many old reminiscences, the company parted at 9.30. p.m.

Tableaux Vivants.

EXCITEMENT was evident in the eyes of many, anxiety in the faces of not a few, on the evening of Monday, the 6th instant, as the entertainment provided by the Lady Probationers and their friends (we noticed the former did not appear on the excellently got up programme as entertainers, no doubt from excessive modesty) was ushered in by a pianoforte duet by the Misses Blackmore. This was well received by an audience evidently in the best of humours, and a hasty glance must have assured the promoters that the crowded Court-room was a sure sign of a great measure of success.

Amongst others, we noticed the Treasurer, Mr. Lushington, the Matron, Mr. and Mrs. and the Misses Davies-Colley, Mrs. F. Taylor, Dr. and Mrs. and Miss Brailey, Dr. Galabin, Dr. and Mrs. Perry, and Mrs. Lane, with many Sisters and Nurses and a crowd of outside friends. And now, as we have commenced with the musical portion of the programme, we will detail its chief niceties on each evening, before we recount the wonders and artistic features of the tableaux themselves.

Following the duet, Mr. Dunn gave us Löhr's "Out on the Deep," but was heard later to greater effect in "I fear no foe," then Miss Ida Agabeg, with "May Morning," scored one of the evening's successes, and was even more charming with a dainty rendering of "The Chimney Corner," for which she was recalled. Mr. Holt was pleasing in his declamation of a German ditty, and also showed power with a later song, "Her Picture." A duet by the Misses Blackmore, equally well executed as the first, concluded the music of the first evening.

On Tuesday, the 7th instant, the Misses Knapp opened the proceedings with a trio, and later charmed us with another for the violin, viola and piano. Mr. J. Ware gave the "Yeoman's Wedding" and "Life" with much effect, and Miss Cooke's pleasing "Promise of Life," sung in excellent style, raised hopes which were scarcely upheld by her rendering later of "The Chimney Corner." Miss A. Knapp, on the violin, and Miss M. Knapp, on the viola, executed dainty selections, and as a finale, Mr. Morris interested and amused us with his "cornet" solo.

So on to the Tableaux, and here we will insert perhaps the only evil criticism that could be made in the arrangement and execution of an otherwise excellent programme. Was it not a great pity to place "The Founding of Guy's Hospital"—a well carried out representation of the print in the GAZETTE of Christmas 1894—first on the list? If portrayed last, it would have called forth a fitting outburst of patriotic feeling to close the proceedings. "The Dream of Patience" was a most artistic picture—everyone "looked the part," and Freddy was as motionless as a mountain. Then followed the most pathetic "Three Fishers," the song being executed with feeling by Mrs. Whiting. We must confess that the wives pleased us more than the three fishers themselves (and by-the-bye, as is natural, the said ladies occupied two of the three tableaux); the third, representing "Women must Weep," called forth all the histrionic resources of Misses Leng, Paterson and Powell (not forgetting Freddy), and called forth unstinted and well-deserved applause.

"The Three Young Maids of Lee" looked "as young as young could be," and well were they repaid for their haughtiness. Sister Cornelius, Miss Leng and Miss Lawrence were perfect as the same artful lasses at a later date, and in the last of the four pictures scored the evening's success. It was a wonder to us the departing swain could resist their tender and dainty supplications.

As

> "Greek Atalanta! girdled high;
> Gold-sandalled; great, majestic maid;
> Her hair bound back with purple tie;
> And in her hand th' Arcadian blade,"

Miss Morrah sustained a most artistic, albeit difficult pose (and let us here, before our disgraceful memory passes it, record her lifelike portrait, in the first tableau, of Thomas Guy's wayward handmaiden). The four scenes of Atalanta showed the most picturesque and effective grouping of the evening, for

> "At her side, Hippomenes
> Poised on his foremost foot; with soul
> Burning to win,"

stood eager and entranced, and around the stage posed attentive and gaily-garbed Greeks of either sex.

"Come, Lasses and Lads" brought us back to England, and the song, ably sung by Miss Morrah, was prettily portrayed by five pairs of laughing "lasses and lads," quaintly attired as in "ye olden times." Here the grouping and posture were alike perfect. "This will a Tale Unfold" needed no songster to tell us its sad tale, yet Edwin was a sad coward to leave so fair an Angelina to her stern parent's angry rebukes. Miss Hudlestone had all our sympathy in so disgraceful a retreat.

Sister Cornelius was the central figure of the four tableaux depicting the story of Penelope, "Stern to Suitors"; suffice it to say, she looked and seemed the part, and gave a very fine expression of true, yet sad, affection in the final tableau.

Two stirring representations of a smugglers' encampment ended an excellent series.

No more of praise need be said. Everything went without a hitch: the changes were quick, the limelight faultless, and the scenery well worked and suitable to the varying circumstances depicted. We hear unofficially that by the proceedings the Sustentation Fund was enriched to the extent of £50; and we can only hope that to know this is a sufficient reward to Miss Paterson, Mr. and Mrs. Whiting, and a host of others who did all in their power to provide us with two happy evenings—and succeeded.

"A Pair of Spectacles," at St. George's Hall.

IT was a most kindly and generous action on the part of the "Anomalies" Amateur Dramatic Club to have offered their services in presenting Sydney Grundy's well-known comedy on behalf of the Hospital; and we can only tender them our most sincere thanks, and say that we have never seen, and never hope to see, a better performance by an amateur dramatic club than it was our privilege to see on the night of Saturday, January 11th, at St. George's Hall, Langham Place. The cast was as follows:—

Mr. Benjamin Goldfinch ...	Mr. F. Fleming Baxter.
Uncle Gregory (his Brother) ...	Mr. F. Morton, Junr.
Percy (his Son)	Mr. Wellesley L. Forbes.
Dick (his Nephew)	Mr. C. Berkley Jeaffreson.
Lorimer (his Friend)	Mr. C. Robertson.
Bartholomew (his Shoemaker) ...	Mr. J. Curling Bates.
Joyce (his Butler)	Mr. F. Rhys Noad.
Another Shoemaker	Mr. F. Innes Ker.
Mrs. Goldfinch (his Wife)	Mrs. Ernest Renton.
Lucy Lorimer (Lorimer's daughter)	Miss Violet Bernheim.
Charlotte (a Parlour-maid)	Miss Williams.

Scene—MORNING-ROOM IN MR. GOLDFINCH'S HOUSE AT HAMPSTEAD.

Stage Manager—Mr. F. Morton, Junr. Acting Manager—Mr. W. Harry Warter. Musical Conductor—Mr. E. A. Lockwood. Hon. Secretary—Mr. J. A. Reaside.

The play is practically a two-part play, the main action devolving upon the brothers Goldfinch. To put it briefly, Act I. shows Benjamin as the generous, and blindly-charitable hero of the plot, and Gregory as the prosperous, selfish and miserly man of business; Act II. shows the transformation of Benjamin under the blood-curdling influence of his brother; while Act III. gives us his return to his former character, and shows us a certain tendency in Gregory towards repentance.

Bye-plots meanwhile are worked in, connecting together the other less important persons on the stage; the son becoming engaged to the friend's daughter, while all the parts indulge in little episodes which bring out, respectively, the generous and the selfish characters of the two brothers.

It would be hazardous to criticise so popular a play, which indeed is one of the best comedies we have ever seen; but it must be admitted that the extreme blindness of Gregory in the opening Act, and his sudden conversions to miserliness and back again, are rather farcical; and that the pathos is occasionally overdrawn.

The play takes its name from the gold-mounted spectacles which Mr. Goldfinch loses at the outset, in changing which for his brother's, he is able to see things only in his brother's light, until the gold spectacles are found again at the end of the play—a pretty bit of symbolism, which is a *rara avis* in the modern drama.

Where all were so good it would be invidious to distinguish; but we may perhaps be allowed to say that Mr. Baxter, who has, we believe, acted on more important engagements in the same role, and Mr. Morton, were extraordinarily happy in their representations; although, indeed, we could find very little fault with any of the performers. The butler's manner of walking struck us as being particularly clever.

The following selection of music was performed by the Gipsy Amateur Orchestra of twenty-four stringed instruments:—

Overture...	"Mirelle"	... *Gounod.*
Entr'acte ...	"Andante Religioso" ...	... *Thorné.*
Polka	"St. Vitus"	*Balfour Adamson.*
Waltz	"Frauenliebe"	*Fahrbach.*
March	"Echtes Wiener Blut" ...	...*Komzak.*

The first overture was an old friend, having figured in every performance of our Nigger troupe this season; but this, as also the other items, would have been improved by a proportionate addition of wood-wind. Otherwise nothing can be said, for the orchestra, including several ladies and containing six of the best players in the recent Guy's company, was one of the best amateur orchestras that we have heard.

Mr. J. A. Reaside, in the pause after the first act, made an excellent and concise speech on behalf of the Hospital, concluding by an expression of his belief that, as England was determined to face and master her present difficulties, so Guy's Hospital was resolved to struggle through and preserve its capacities for doing good.

In conclusion, it may be said that the arrangements were made and carried out most efficiently by Mr. Warter and a number of his friends, and those Guy's students who acted as stewards.

The hall was comfortably, though not completely, full, some 500 persons being present, and amongst the audience we noticed the Earl of Leven and Melville, nearly all the Consulting, full and assistant Staff of the Hospital, and Major Stephen Lushington, representing the Treasurer.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

D. H., REIGATE.—No tubercle bacilli could be found in the sputum.

I. N. C., LIVERPOOL.—Reaction, alkaline. Albumin, blood and sugar absent. The deposit consisted of amorphous phosphates and triple phosphate crystals. There were no renal elements, and there was no excess of bladder epithelium.

J. E. Z. H., WARMINSTER.—After twenty-four hours' incubation on blood-serum, the resulting (very scanty) growth was found to consist of streptococci only. No Klebs-Löffler bacilli could be detected.

R. W. B., IPSWICH.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted entirely of streptococci, occurring in short chains. No Klebs-Löffler bacilli could be detected.

W. L. C., SANDGATE.—After twenty-four hours' incubation on blood-serum, the resulting scanty growth was found to consist of streptococci only. Nothing resembling Klebs-Löffler bacilli could be detected in a microscopic preparation direct from the saliva.

M. W. C., BELBROUGHTON.—No tubercle bacilli could be detected in this specimen of sputum.

E. H. B., STREATHAM.—This specimen contains bacteria, agreeing both in their arrangement and staining reactions with the Gonococcus of Neisser.

PATHOLOGIST.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Intestinal Invagination and Distension.

DEAR MR. EDITOR,—Perhaps you may be able to find space for a note on some practical points in the treatment of intestinal invagination and distension. Firstly, as to inflation, I should like to suggest that many of your readers will probably have at hand a piece of apparatus even better adapted to the purpose than are the kitchen bellows. I mean the inflating pump of the bicycle (the longer variety by preferment). This instrument has been expressly designed for the distending of an elastic tube. It is of convenient shape and size. The force expended in pumping can be easily regulated, and a good estimate may be made of the volume of air thrown in. Moreover, it is perhaps in most places a more common article of furniture than a pair of bellows now is. Secondly, as to puncture for the relief of distension, I should like to suggest that where the bowel is not already paralysed (in other words, in cases of intestinal obstruction so far free from peritonitis), a previous full injection of morphia would probably be good practice. It is known that a vigorous peristalsis is often set up by puncturing; and this may, of course, be no less dangerous than, under similar conditions, a peristalsis produced by colocynth and calomel would be. In a patient of my own, suffering from malignant obstruction in the rectum, I made eight punctures at the same "sitting," with the result of immediate relief so far as the serious distension was concerned, but with consequent violent peristalsis. Three days later it was necessary to puncture again, and this time two precautions were adopted, viz. (1) a hypodermic injection of morphia and atropine beforehand; and (2) the employment of a somewhat larger aspirating needle, by which, as I thought, I should get a freer exit of gas from each puncture, and so do without so much stimulation of bowel. This procedure answered perfectly, and was resorted to four times more in the course of the next three weeks. In proof that the danger of producing rupture of the bowels by peristalsis set up by puncture is a real one, I may refer to a case of Dr. Bristowe's in the "Pathological Society's Transactions for 1872," and to a yet more striking case recorded in the *British Medical Journal* for 1878, by Dr. Coupland and Mr. Morris. In the case of ulcerative colitis, which formed the subject of Dr. Pye-Smith's clinical lecture, peritonitis was present, and the bowel would probably be not easily excited; and, had peristalsis followed, the absence of obstruction would have ensured a natural limitation to the strain to which the bowel was subjected.—Yours truly,

REGINALD JOHN RYLE, M.D.

Hadley, Barnet.

From the Seychelles.

SIR,—You were kind enough to ask me to tell you something about our work out here, and I am glad to let you have a slight account of how the G.P. lives in the tropics, and in an island which may safely be called a thousand miles from everywhere.

This Archipelago is situated about 4·50° south latitude, and about 55° east of Greenwich. There are four large islands and several small ones, scattered over an area of about one hundred miles from north to south and fifty from east to west.

On arriving here, the first thing that strikes one is the restful green of our vegetation, the trees growing down at the water's edge, and mounting from thence, with hardly a gap, to the summit of our highest mountains.

The chief island, Mahé, is somewhat the shape of a crooked Z turned the wrong way, thus ≶, and from north to south measures about eighteen miles, whilst its breadth varies from two to seven miles. Yet in this small space we have mountains up to 3000 feet high, which run as a backbone the whole length of the island, communication between the two shores only being possible by passes over the shoulders of the hills, where they descend to 500 feet. Wheeled traffic is impossible, horses are rare, and "Shank's pony" is the favourite method of locomotion on shore. By the sea, however, things are very different. The island is nearly surrounded by coral reefs, and inside these reefs there is always a calm sea, and passage by boats is the most rapid way of getting from one point to another.

The boats we use are simply trunks of trees hollowed out, and are called Pirogues, and at first give you an idea of insecurity, as they are rarely two feet wide and often over thirty feet long. They are not propelled by oars, but by punting along the bottom of the sea with a long bamboo, and it is a picturesque sight to see a large pirogue with three or four men bending together to their "galles," as they call the bamboo poles. A pirogue like that goes about six miles an hour, but the ordinary one-man affair averages about four. Our one peculiarity here is the double cocoanut, or *coco de mer*, which is indigenous to one island only in the whole Archipelago, but which has recently been planted on most of the other islands, and seems to do well. I don't know that it is a very useful tree, but the fact that it is found nowhere else makes it very precious to us, and Government is nursing the trees and trying to make sure that they will not die out. They had a narrow escape a few years ago, as an English lady found that the heart leaves made very good split straw for hats, and there was for a time "orful slorter" amongst the *cocos de mer*. However, Government has stepped in and saved our ugly duckling for us.

General Gordon said that the Garden of Eden must have been at Seychelles, and that the *coco de mer* was the forbidden fruit. If he was right, and Adam and Eve divided one nut between them, they must have had enormous appetites, as each half of the nut is as big as a man's head.

There is not much to say about the diseases most common here, but I have had one or two interesting cases to save me from the eternal monotony of general practice.

One case which I was called to soon after my arrival here is interesting in showing how long an aneurysm may exist in a limb and still be fatal in the end. The patient, an English sailor, who was present at the bombardment of Acre in 1840, and who landed here in 1851, bought a property. In 1854, whilst crossing a marsh with another man behind him, the log on which they were walking turned over, and both men fell, the hindmost one driving a knife which he had in his hand into the calf of the other. There was a good deal of hæmorrhage at the time, but the wound finally healed, and the leg was looked upon as quite well. After the lapse of a year or two (I give the man's own statement) the leg began to be troublesome, and ointment and lotions were applied, which gave some ease for the time, and the patient was able to get about his work, to get married, and rear a family of eight or nine children, and was able to work so well as to make a good thing out of his property and to become a prosperous planter. The leg still gave trouble, and was noticed to be larger round the calf than the other one, and this state of affairs went on until I saw him in July, 1894.

At that date I was sent for to see him, the messenger telling me that there was an abscess in his father's leg, which wanted opening. I went, and after a tramp of about ten miles I reached the house, and found my patient—a man of eighty-six years of age—lying on a bed, and evidently in great pain. I examined the leg, and found the calf of the left leg enormously distended and pulsating all over, the pulsations being visible. About halfway down, and on the inner side of the calf, was a discoloured scar about an inch long—the scar of the old stab. It was evident to me that the so-called abscess was an aneurysm of the posterior tibial, and from the history of the case the aneurysm was probably due to the wound received about forty years ago. The measurement of the legs are interesting—viz., right leg, 12½ inches; left, 33 inches. Taking the man's age and condition into consideration, operation was out of the question, so I did what I could to make him comfortable, and succeeded pretty well. He dragged on for about six months, and finally died from rupture of the aneurysm, the rupture being caused by the application of poultices by a herbalist, who adopted that treatment to bring the abscess to a head and get rid of the "humours."

Another case that comes to my mind is rather amusing. A coloured man came to me one morning, and said that he had swallowed a fish-bone. "Open your mouth," said I, getting ready to go on a voyage of discovery down his throat. "You can't see it that way," said he, beginning to unbutton his trousers, and sure enough, on passing my finger into the anus, I found the

fish bone jammed well across the internal sphincter, and stuck fast there. I managed to get it out and found it to be one of the bones from the dorsal fin of a large fish called the Karong. It would be very interesting to find out how that fish bone got there, and the man was very lucky to manage to pass it through the whole length of his intestinal canal without it sticking anywhere.

This is a naval station, and used to be a whaling station, consequently our old friend syphilis is very much "en evidence." Gonorrhœa abounds, and other minor ailments, such as indigestion and its usual concomitants, prevail in their due proportions. Chest troubles are rare. Fever of the malarial type is practically unknown. We see one or two cases of hepatic abscess, but they are not common. "Dysentery" occurs in children, but is usually due to the presence of the Ascaris Lumbricoides, and always stops when the worms are got rid of.

There have been to my knowledge two cases of asthma in Englishmen which have benefited very much by a stay in these islands. In one case the patient has gone home, and I don't think he has had a relapse. In the other case, the young fellow is still here, and has not had an attack since he has been in the colony. Our death-rate is under sixteen per thousand, and Europeans seem to keep their health here quite as well as they do in their own country.

Our great drawback is want of food, the staples being turtle, pork, chickens, eggs, and fish. A bullock is killed once a week in town, and the meat is very poor and tough, the bullock probably having been harnessed to an oil-mill all his life, and only killed when too old to work.

Ice is practically unknown. We only get some by making fierce love to the pursers of the mail steamers, and they don't always oblige you.

A letter to the GAZETTE from here would not be complete without a reference to an old Guy's man who did splendid work here—C. H. Keep. He came out here, and even after the lapse of years he is known as "Le P'tit Dié"—the little god. Go where you will in Mahé, his name is mentioned with reverence, and I have heard an old woman of over ninety say, "Mon Dié! ce dokité là par couse il est mort? Ma va mourir ma même, Si li té içi li pour me faire vivreëncore longtemps," which is a fair specimen of the language talked by the niggers here, and which means, "Why is that doctor dead? I shall die too, but if he were here he could make me live a long time." And it is a fact, even the better class Creoles think that Keep used to do miracles.

Besides myself there is another Guy's man here, named Brooks. He dressed for Mr. Bransby Cooper, and came out here in the early sixties. He must be nearly seventy now, and looks about fifty, and is as active and strong as ever. In fact, he is a fine advertisement of the salubrity of Seychelles.

Fees here are small. The people are poor, and we have that curse of the East, the Rupee, the present value of which is about 1s. 1½d. Work here is hard. I have frequently to leave home at 6.30 a.m., pass the day on the sea in the sun, and get home after sunset at about 6 p.m. For the last two years our vanilla crop has failed, and money is hard to get, consequently the fees get smaller and smaller, and our outlook at present is not the rosiest.—Yours truly,

SEYCHELLOIS.

Sustentation.

DEAR SIR,—The letter of my contemporary at Guy's, Dr. Starling, on the subject of the Sustentation Fund, is a good one, and to the point. Let every old Guy's man give at least his guinea, and once more there will be joy at Guy's. I enclose my guinea as a Christmas-box to the old Hospital.—Yours,

Sherborne, December 21, 1895. 2ND XV.

Music at Guy's.

SIR,—In your last issue you suggest the formation of an Orchestral Society in Guy's. The theory is most pleasant, but in practice it would appear to be impossible. Such a society is said to have been initiated a few years back and to have failed, despite the popularity and zeal of its originator. The reason may, perhaps, have been the difficulty of arranging a time at which a good quorum of the members were able and willing to turn up week after week. This was a great difficulty even in the practices for the recent nigger performances. How much more would it be so in the pleasant, but by no means pressing, claims of the routine meetings of such a society?

Be that as it may, there is still the difficulty of finding out and judging the merits of new players, who might not mind playing informally to a friend, but would not think of offering themselves to a definite orchestral society. There is, at present, no connecting central nucleus for the musical talent of the Hospital.

In this case, a suggestion may perhaps be made to the authorities of the Hospital and Clubs' Union to provide facilities for a vacant room and a piano, to be available between certain hours, such as from 1 to 2, and from 5 to 8 p.m. As a mere suggestion, the Dental waiting-room might be proposed, and the piano to be hired for £1 or 30s. a month by the Clubs' Union. If such could be provided, there can be little doubt that use would be made of it for:—(1) discovering the value of new players and singers; (2) discovering further value in those we already know; (3) practising for the concerts held in the Club; and (4) initiating occasional informal performances in the wards or elsewhere, if thought advisable, during the year. There are many obvious difficulties in the arrangement of such a plan, and it must be left to those in authority to accept or refuse it. But from the point of view of Guy's music, there can be little doubt that this would do more than anything else to foster the pursuit of music in the

Hospital; and there are many who, much as they enjoyed the recent Nigger performances, would be extremely desirous of hearing and helping in a performance of music of a higher class. Hoping that many may express in your next issue their opinion of the scheme, I remain, yours very truly, 'CELLO.

The Dental Society.

A MEETING of this Society was held on Tuesday, January 14th, Mr. Badcock, vice-president, in the chair. The minutes of the previous meeting having been read and confirmed, the following casual communications were brought forward :—

Mr. JACOBS: A case of acquired cleft-palate, and an old velum which had been in use for ten years.

Mr. GOADBY: A good specimen of a three-rooted lower molar.

Mr. BROWN mentioned a case in which a patient used charcoal as tooth-powder for three weeks only, which on recommendation of a dentist, was discontinued. This was now over five years ago, but a black line at the gum margin still persisted.

Mr. DOWSETT presented models of a girl, æt. 13, in which a big supernumerary was erupting and retarding the centrals. The supernumerary was extracted and the central was put in its place, being kept in place by a plate capping the teeth, and the tooth became quite firm in its new position.

Mr. HINCHLIFF brought forward a case of chronic swelling of the lower jaw. The patient, a man æt. 22, had an abscess at the root of first right lower molar eighteen months ago. He went to a dentist, who evidently only extracted one root. After a few days the swelling diminished into a hard lump, which continued for twelve months. He then came to Guy's, and one little spur of a bifurcated root was abstracted, nothing else being visible. As the swelling continued, an incision was made into the centre of this hard lump; a little pus then flowed out, and three months after a root was exfoliated; the swelling quickly subsided. During the progress of the case there was no pain after the acute abscess.

THE CHAIRMAN then called on Mr. Payne for his paper on the "Theories of Eruption and Absorption of the Teeth," which we hope to reproduce in our next issue.

THE CHAIRMAN afterwards congratulated Mr. Payne on his excellent paper, and said that there was probably less known about the subject than any other in Dentistry. Considering the time of eruption of teeth, he said he had recently seen a lateral incisor erupting at the age of sixty; also a wisdom erupting over sixty. He also called attention to the fact that teeth lengthen when the opposing tooth disappears. In absorption he thought pressure must have some connection with it.

Mr. PARFITT suggested as a theory of eruption that an erupting tooth is really slung in its socket by a number of fibrous bands which afterwards appear as Sharpey's fibres: so on the contraction of these bands, the tooth must be raised bodily.

Mr. WOOD mentioned a case in which a bicuspid erupted in the place of a first molar which had been recently extracted; the patient was about twenty-eight years old.

Mr. GOADBY agreed with Mr. Parfitt as to his theory of eruption.

A vote of thanks to Mr. Payne brought the Meeting to a close.

Reviews.

A Manual on Physiology. By G. N. Stewart, D.Sc (Baillière, Tindall & Cox.) Price 21s.

This volume, by the Professor of Physiology in the University of Cleveland, differs somewhat from the text-books in use on this side of the Atlantic, in that an attempt has been made to combine the systematic study of physiology with descriptions of practical exercises on the subject. Thus, in Chapter I. we have an account of the morphology of the blood, its chemistry, and the theory of coagulation, occupying some thirty pages; after which follow eight pages, in smaller type, on practical exercises, connected with the preceding chapter. Such exercises include the determination of the specific gravity of blood and serum; the demonstration of the phenomena of coagulation; and the various tests for blood pigment and its derivatives. In like manner, a full account of the circulation leads the way to a series of practical exercises on the mode of taking heart and pulse tracings, the effects of nerve stimulations, and the actions of the valves. This method is continued throughout the book, which is thus rendered serviceable for the laboratory as well as the study. Many of the exercises are such as could not be performed by the student himself unless provided with a properly equipped laboratory, but are capable of being demonstrated to a class, and must be known for the higher examinations. The book is illustrated by many sketches of instruments, as well as five chromo-lithographs of histological appearances, the latter are well coloured, but very diagrammatic in some instances. Taken as a whole, the manual will bear comparison with the works on physiology in general use, and the introduction of so much practical work will, in the eyes of some readers, constitute its chief merit.

Moral Pathology. By Arthur E. Giles, M.D. (Swan Sonnenschein & Co).

The novel title of this small work may attract the casual reader, and having glanced through its pages we think he will be tempted to read them more carefully. Not that there is anything very original in the ideas here unfolded, but they are certainly expressed in a clear and suggestive manner. The author starts with the assumption that man's moral nature, no less than his

physical, is susceptible of disease, and that these moral diseases are capable of investigation after the manner of medical science. Thus, the nature, causes and treatment of dishonesty, prostitution, and intemperance may be considered in the familiar fashion of our text-books when dealing with rheumatism, pneumonia, and enteric fever. The author takes his text from "The Poet at the Breakfast Table," which runs: "Sin, like disease, is a vital process. Spiritual pathology is a proper subject for direct observation and analysis." All reference to the religious side of the matter is omitted for this among other reasons —that the obligation to right living is imposed upon us by our very nature as rational and social beings. Moral disease is defined as a disregard of that impulse to do the right which is called conscience, and moral hygiene involves a consideration of those conditions which tend to moral health. The book is thoughtfully written, and is well worth perusal.

The Diseases of Children's Teeth: their Prevention and Treatment. By R. Denison Pedley, Dental Surgeon to the Evelina Hospital for Sick Children. Price 7s. 6d. (J. P. Legg & Co.)

This appears to be a very interesting book for senior students and those who have entered on general practice, for it deals with a class of diseases which are unhappily widespread; and if the rising generation is to profit from the dental experience of that which is passing, surely it will be by attention to such details as are here set forth with regard to the prevention and early recognition of diseases of the teeth in children. The book is written expressly for medical practitioners; hence it is divested of much technical matter in relation to the mysteries of conservation. The chapter on the Hygiene of the Mouth is particularly interesting to doctor and nurse alike, and the recommendations there laid down should be conveyed by them to mothers and all those in charge of children, who are responsible for their physical no less than their mental development.

Medical Diagnosis. By J. M. Da Costa, M.D. Price 24s. (Smith, Elder & Co.)

As this volume has been before the public for more than thirty years, and is now in its eighth edition, it would be superfluous to describe it at length. For those who know it not we may say that it is entitled a "Guide to the Knowledge and Discrimination of Medical Diseases," and was written for young graduates of medicine who are entering on the practical duties of the profession, to aid them in their endeavours to make a diagnosis. A most laudable object! We presume that if the author had been writing for those already in practice he would have considered the question of treatment to be of some moment: for it requires but a few years of the cares of general practice to rub off the gilt of brilliant diagnosis and lay bare the baser metal of expediency. None the less, let us begin practice as we do the new year, with a certain number (not too many) of good resolves, and in this humour place the "Medical Diagnosis" within easy reach of the Consulting-room table. It is not a book for students, as it presupposes a knowledge of pathology, symptoms and treatment. A very full index adds greatly to its value as a book of reference.

Injuries and Diseases of the Genital and Urinary Organs. By Henry Morris, F.R.C.S. Price 21s. (Cassell & Co.)

The very flattering notice which this book has already received at the hands of the medical press places us in a difficult position; but perhaps the fact of having read it from cover to cover will be sufficient excuse for not following suit. We may say at once that the book is well got up, has a large number of illustrations, and is written in an easy, readable style; but it is in no sense a monograph on the subject dealt with, and is in an entirely different category from Mr. Jacobson's masterly treatise. Given a bold type, plenty of illustrations, a few dogmatic statements, and a clinical quotation from personal or another's experience, and it is surprising how quickly the pages are filled. Yet the result is not an "epoch-making" volume—hardly a serious contribution to scientific literature. The best parts of the book are the clinical symptoms and treatment of the more common affections, such as stricture of the urethra, enlarged prostate, etc., in which the author's own experience is clearly stated. He advocates the perineal route for excision of prostatic enlargements, and describes a method of external urethrotomy, which seems much superior to Wheelhouse's operation. Diseases of the kidney and ureter are not included, as they have been already dealt with in the author's "Surgical Diseases of the Kidney."

Sport.

Association Football.

GUY'S 1ST XI. v. CROYDON PARK.

Played at Honor Oak Park, on Saturday, January 11th, and resulting in a win for Guy's by three goals (Palmer two, Thornely one), to love.

The game was of a fast and exciting nature, but the slippery state of the ground rendered correct play a matter of great difficulty. We had slightly the best of the game all through and ought to have won by a larger margin.

GUY'S "A" v. CHISLEHURST.

On Wednesday, January 15th, an "A Team" from the Hospital journeyed to Chislehurst to meet a scratch local team, in which was included several of the West Kent Club. Owing to the hurricane of wind prevailing, anything like accurate play was impossible. Chislehurst scored first, Thomas's attempt to save not being brilliant. From a foul against Matthews (a dubious decision) our opponents again scored.

Humphrey put in a long run, and ended by putting ball, goal-keeper and himself well into the net. Our

centre forward again scored, the referee blowing his whistle for a legitimate point, but after some warm protestations from the home players, altered his mind, or rather his decision, and gave the ball behind.

Guy's played fairly well considering the majority were filling new positions, Hall and Higgens being the pick. Team :—

A. R. Thomas (goal); J. Matthews and G. Marshall (backs); D. G. Greenfield, S. Hodgson and H. A. Higgens (halves); P. S. Mandy, R. W. B. Hall, L. Humphrey, J. A. Butler and P. W. L. Camps (forwards).

Rugby Football.

GUY'S 1ST XV. v. COVENTRY.

Played on Saturday, January 11th, at Coventry, resulting in a win of two tries to nil to the home side. Neither team was able to put its full strength in the field, the Hospital being without the services of Mathias at half and Gwynn forward.

A change was made in our back division in view of H. N. Clarke, the Surrey centre three-quarter, playing in the Cup ties, Wetherall being selected to play half-back, and judging from his play in this match he should, with a little more experience, make a very useful half, and so strengthen this weak spot.

The game was chiefly confined to the front rank, owing to the heaviness of the turf, what outside play there was being in favour of the home team, the combination of the Hospital backs being still very unsound. The forwards, however, on the whole, played a good game, but at times there was a tendency to slackness, especially noticeable at the line-out, which we hope will soon be laid aside. Muriel, at full-back, played in splendid form, and saved us on several occasions. The tries were both scored in the second half by a scramble over from a scrum on our line, the place kick on both occasions being unsuccessful.

GUY'S 2ND XV. v. ST. THOMAS'S 2ND XV.

This match was played at Honor Oak Park on Saturday, January 11th, and ended in a win for us by one goal two tries (eleven points) to one try (three points). During the first half we scored three times through Rowe, Hunter and Ransford, only one of which was converted.

In the second half our forwards had slightly the worst of the game, and consequently the backs had very few chances. When play was in the Thomas's half, one of their three-quarters intercepted a pass and ran in under the posts, but the kick failed.

Our forwards played up well in the first half, but afterwards fell away. Rowe and Williams at half showed surprisingly good form. Ransford was perhaps the pick of the three-quarters, his try being a fine piece of play. Hunter and Barrow also played well. P. D. Hunter, at full-back, played well, fielding the ball in fine style. Both sides played one short. Team :—

GUY'S.—P. D. Hunter (back); A. C. Hunter, H. P. Barrow, A. C. Ransford, T. Morgan (three-quarter backs); N. Williams, E. R. Rowe (half-backs); H. H. Bignold, E. S. Batchelor, H. W. Fox, Foster, G. Shorland, Finch, J. Dadd (forwards). Referee, Hamblin Smith.

Swimming Club.

THE General Meeting of the above Club was held in the Anatomical Theatre on December 13th, 1895, A. D. Fripp, Esq., being in the chair. About thirty members were present.

The minutes of the last meeting were read and confirmed, the report for the last season was read, and the balance-sheet passed. The following officers were elected :—Mr. Fripp was again elected president; Mr. Dunn and Dr. Fawcett, vice-presidents; captain, A. Styer; hon. secretary and treasurer, G. Marshall.

The members of the Committee elected were :—Second year, G. Simpson; third year, J. L. Payne; fourth year, V. E. Collins; fifth or any year, W. R. Wood. It was decided to leave the election of a first year's man until the summer session. It was also resolved to be affiliated to the Southern Counties Amateur Swimming Association.

The President, in a few well-chosen remarks, congratulated the Club on winning, for the first time, the Inter-Hospital Water Polo Cup, and also on becoming affiliated to the Clubs' Union. He hoped to see a second team run successfully in the coming year, and that the Club might be able to start a Swimming and Polo meeting at the end of the season, to be held annually.

A vote of thanks to A. D. Fripp, Esq., and F. H. Hardy, closed the meeting.

Births.

ALLPORT.—On December 24th, at Wilsham, Casewick Road, Norwood, the wife of Alfred Allport, M.R.C.S., of a daughter.

MINTER.—On January 5th, at Mansion Row, Chatham, the wife of Ernest D. Minter, Surgeon R.N., H.M.S. "Rupert," of a son.

Marriage.

JONES—WOODMAN.—On January 7th, at Christ Church, Forest Hill, by the Rev. C. A. Sturges-Jones, curate of St. Mary the Virgin, Reading, assisted by the Rev. Gustavus Jones, vicar of the parish, Wilfred Edward Jones, M.R.C.S., L.R.C.P., second son of C. Sturges-Jones, M.R.C.S., Chichester, to Ellen Beatie, third daughter of William Woodman, of Woodbank, Forest Hill.

Death.

GROVE.—On Christmas Eve, at St. Ives, Huntingdonshire, William Richard Grove, M.D., aged 57 years.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

FEBRUARY 1, 1896.

On the Operations for Hip Disease.

CLINICAL LECTURE BY MR. HOWSE.

DECEMBER 12TH, 1894.

GENTLEMEN,—The case which I propose taking to-day is that of a boy whose lower limb I amputated at the hip-joint a few days ago. The reason why I bring this case before you is because I have been asked why I did not perform the "piece-meal operation" which I described at a meeting of the Medico-Chirurgical Society two or three years ago. Such a question cannot be answered in a breath; it involves going into the subject of the advisability of this method of operation. I have selected it, therefore, for a clinical lecture.

First, I will read to you a few of the more important notes on the history of the case.

"Harry P., æt. 12, was admitted into Naaman ward on November 9th, 1894.

"*Family history.*—Patient's father alive and quite healthy. His mother has always been weakly. A year ago she began to suffer severely from the chest, and since the boy's admission to the Hospital she has died from phthisis. There is, therefore, a definite history of tubercle in the family.

"*History of present disease.*—When three years old, patient fell down stairs, but did not hurt himself much; he could run about directly afterwards. A year later he began to suffer a good deal from pain in the right hip and knee, which prevented him from walking. He was kept in bed for six months, and weight extension was applied, but he improved very little. In 1887 (two years after the first injury) he was taken to the Evelina Hospital for Sick Children, where an operation was performed by Mr. Howse. After being eight months there he got very much better, and was able to get about comfortably on crutches for nearly a year. When he was seven years old the leg became very painful, and he returned to the Evelina Hospital, where Mr. Lucas did an operation. After three months he was discharged, and he has since been getting about on crutches and attending school. He then had no more trouble until last Christmas (a year ago), when a swelling appeared on the outer side of the thigh, which developed into an abscess. This ultimately burst, and became a sinus discharging pus and caseous material."

The operation, which I performed in 1887, was excision of the hip-joint. Though it gave him a lengthened period of relief, it cannot in this case be considered an entire success; the reason probably being that his general health was very indifferent. It must also be noted that the operation was performed when he was only between four and five years of age. Very young children, for many reasons, are not good subjects for this operation, unless it is done in a very early stage of the disease. The operation which Mr. Lucas did was, I believe, scraping out the existing sinuses; this also was attended with great benefit.

A few words here may be advisable about the operations for excision of the hip-joint. These are two in number, viz., (1) the posterior, (2) the anterior.

I. THE POSTERIOR OPERATION.—A long, slightly curved incision is made over the centre of the trochanter major, extending up on to the dorsum ilii. This incision should be at once deepened, so as to reach the trochanter and the dorsum ilii immediately above it. In so doing, the gluteus medius will be freely incised, and some of the posterior fibres of the gluteus minimus. The attachment of the gluteus medius to the trochanter should be as far as possible

peeled off the bone; a few touches of the knife are, however, generally here necessary. The small muscles of the hip, including the pyriformis, the obturators externus and internus, the gemelli and part of the quadratus femoris are then reached. They must be separated from the bone partly by the raspatory, partly by the knife, cutting as closely to the bone as possible. The degree to which this can be done by the raspatory alone, will depend greatly on the stage to which the disease has advanced. If far advanced, and the bone is softened by extensive osteitis, it is possible to peel both these muscles and the capsular ligament off the bone by the aid of the raspatory alone, with very little aid from the knife. The possibility of this explains Professor Sayre's remark that he usually did this operation sub-periosteally, and that when the muscles and capsule were separated from the bone, he often found a certain amount of cancellous bone tissue left adhering to them. Undoubtedly, his operations were done when there was considerable osteitis existing. In separating the capsule and muscles from the bone, the softened bone gave way before the soft parts yielded; hence, the layer of bone left adhering to the capsule. In most cases, this requires very considerable muscular power in the fingers, and in very many cases, when there is not much softening of the bone, it cannot be done by any hand of ordinary muscular power. In such cases, the knife must be used to aid the raspatory. In my own operations, I generally use the knife. I do not think the application of great tearing force advisable; hence, when the adhesion becomes more firm than will easily permit separation, I think cutting very close to the bone a better procedure than tearing. In whichever way the separation is effected, it will be noted that nearly all the most important muscles of the hip are cut into, and more or less severed. The only important exceptions are the gluteus maximus and minimus, ilio-psoas and pectineus. This is a matter of considerable importance in considering the effect produced.

The head of the bone is then removed by sawing through the base of the trochanter major, just below the attachment of the neck, but above the trochanter minor. There are two ways of doing this:—(*a*) the femur is adducted, strongly rotated and forced upwards, so that the head of the bone is protruded from the wound; it is then sawn off; (*b*) the other method is to saw off the head *in situ*, and remove it by means of the elevator. This latter is the plan I greatly prefer; it saves the risk of stripping the periosteum from the shaft of the bone just below the section. But there is one condition in which it is very difficult to apply, viz., where the case is one of long-standing disease, and a certain amount of repair has taken place. In such a case an attempt at fibrous ankylosis has been made by natural processes; the capsule has become immensely thickened on its inner aspect by the organization of inflammatory material, which has encroached on the neck and head. I have seen cases of this description in which the capsule has been from half an inch to an inch in thickness. This has to be cut through before the bone is sawn. It can easily be imagined that no tearing-force which you can apply is sufficient to sever cicatricial fibrous bands as thick as these. Even the cutting of them is a matter of great difficulty, for they are usually short fibres connecting the neck and head of the femur with the acetabulum and the margin of bone beyond it. It is, in fact, a condition of fibrous ankylosis, but a condition in which the ankylosis is not perfect. In the cases of this kind, upon which I have operated, there has always been a central sequestrum cavity containing caseous pus and necrotic bone, communicating with the exterior by some exceedingly tortuous sinus or sinuses. In cutting through this fibrous tissue I have been greatly aided by a knife which I had made especially for this purpose, double-edged and curved on the flat, so as to follow the curve of the head. When this fibre-tissue has been completely cut through and the head is felt comparatively moveable, the section of the bone can be made with the saw, and the head can be levered out of the acetabulum. If the section of the bone is made before cutting through this mass of fibrous tissue, one loses the advantage of the long lever of the shaft of the femur in putting the head in advantageous positions for severing it, and the removal of the head becomes exceedingly difficult—almost impossible. It may be said that when repair has taken place to the extent indicated, excision ought not to be attempted. This would no doubt be true, were the case one of simple fibrous ankylosis. But I have said, in all the cases where I have had to do it, there has been a central cavity containing pus and caseous bone, which has caused great pain, and which from the long persistence of the suppuration, has threatened the patient's life.

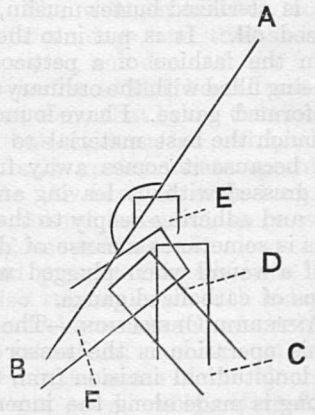
If the first method be used, some care is necessary in carrying out the movements, or the femur may be fractured. It must be remembered that this bone is often very fragile from long disuse in old-standing cases of hip

disease. Fracture is an exceedingly formidable complication of the operation. No extension can then be applied to the upper fragment, and hence it may render amputation at the hip-joint necessary.

When the head of the bone has been removed we have to consider what is the best position in which to put the divided end of the femur. After a great deal of thought and many trials, I have come to the conclusion that it is best to let it rest on the inner lip of the acetabulum, if it can be retained there, or at least to try for this position. The advantage of this is that it is the lowest part of the acetabulum in the erect position of the body. Hence, if the bones will unite at this part, they come more directly into contact, and there is less shortening than if they united in any other position. But it is difficult to maintain them in contact at this particular point. I have thought that the maintenance of this contact has been aided by abducting the limb of the double Bryant, in which the patient is put up, on the excised side, so as to tilt the axis of the limb upwards and *inwards*. The ordinary plan is to put the end of the femur into the acetabulum, or simply to allow it to lie in the wound in any position it will assume, trusting to nature to its uniting firmly somewhere about the acetabulum. But I am sure this is a defective procedure in the operation of excision of the hip.

For example, if the end of the femur is placed in the acetabulum, it will naturally rest against the upper (iliac) portion. If it unites in this position it is (in the adult) from one and three-quarters to two inches higher than if it unites on the inner lip; there will, therefore, be this additional amount of shortening. On the other hand, if it falls loose in the acetabulum, as it probably may, there will not be this amount of shortening, but the extent of the space from bone to bone, which has to fill with granulation tissue and afterwards with fibrous tissue, is so great that a flail joint is very likely to be formed; or even union may fail to take place. There are yet other cases in which, at the time of the excision, the acetabulum is found nearly filled with granulation tissue. The end of the femur, therefore, cannot rest in it, or it gets pushed out by the continual growth of the granulations before union has taken place. In these cases the side of the pelvis becomes practically an inclined plane, presenting no prominence for the end of the femur to rest on. It, therefore, gradually dislocates upwards until it becomes placed fully on the dorsum ilii. These are cases in which there is great shortening, a resulting flail joint, and a very useless limb. Practically they nearly always come to amputation at the hip-joint. For these reasons I think it is best to try for union with the inner lip of the acetabulum. I am not prepared to offer any perfect method by which this can be accomplished, though I think it is contributed to by the plan above alluded to, of inclining the axis of the femur upwards and inwards. I suppose if I had my colleague, Mr. Lane's belief in the innocuous and unirritating character of iron screws, I should proceed to screw the two bones together in this position. But I have not yet arrived at his confidence in this method of causing bones to unite, and in any case it must be admitted that this use of screws in a cavity, probably tubercular and with unhealthy walls, would be under very different conditions to those in which he advocates them.

With regard to putting up the limb in the abducted position, I think I am able to state positively, from my own observation, that where the limb has been put up in the reverse position, *i.e., adducted*, the likelihood of an unfavorable result is very much increased. Sometimes this adducted position comes on from muscular spasm, I think from uncontrolled action of the adductors, so many of the other muscles being cut through; sometimes from sufficient extension not being maintained. In these cases, if the section of the femur is transverse, it is directed away from—that is, nearly at right angles to—the general inclination of the external wall of the pelvis, instead of being brought absolutely into contact with it over its whole surface. Union then takes place only very slowly, if at all, and the risk of the femur getting drawn up on to the dorsum ilii is very greatly increased.



A to B = General slope of the outside of the pelvis.

C = Slope of femur when put up abducted and resting against the lower lip of the acetabulum.

D = Position of femur when hanging loose and parallel with its fellow; a large interval is left to fill up with granulation, fibrous tissue, and ultimately bone.

E = Position when jammed up into acetabulum. Here it is also parallel with its fellow.

F = Position when put up adducted.

It will be seen that C and E are the only two positions in which a comparatively small interval is left between the bones, hence favouring union; that C is at a much lower level than E, hence giving a longer limb. When complete fibrous union has taken place between C and the side of the pelvis, the limb can be gradually brought straight. This, no doubt, slightly stretches the upper fibres, but will not interfere with the strength of the attachment, or the success of the operation. D and E are the two positions in which the limb is most usually put up.

As regards the treatment of the wound, if the tissues are pretty healthy, I think it is best washed out with a solution of 1 to 2,000 perchloride of mercury, and then sewn up, with a drainage tube inserted. If, however, the tissues are much infiltrated with caseous pus and tubercular material, especially if bare diseased bone is at all abundantly felt about the os innominatum, I think the wound is best left open, or merely sewn up with one or two sutures at either end, and the rest of the wound plugged (after washing it out with the perchloride solution), so as to make it granulate from the bottom. The plugging material, which I found best for this purpose is sterilized butter muslin, soaked with carbolized oil. It is put into the wound very much in the fashion of a petticoat tent, the interior being filled with the ordinary strips of carbolic iodoformed gauze. I have found butter muslin very much the best material to use for this purpose, because it comes away from the wound when dressed without leaving any fibres entangled in and adhering deeply to the granulations. This is sometimes a cause of delay in the healing of a wound when plugged with the ordinary strips of carbolized gauze.

II. THE ANTERIOR OPERATION.—The guiding muscle for this operation is the tensor vaginæ femoris. A longitudinal incision from three to four inches long is made along the inner border of this muscle, between it and the sartorius, starting from the anterior superior iliac spine. After deepening this incision, especially at the upper part, the glutei muscles (medius and minimus) are pulled outwards with retractors. The anterior portion of the capsule should then be seen, and should be opened at once. In the dead body this part of the capsule sometimes gives some trouble from its great strength, and it often becomes necessary to make the incision in it slightly transverse in order to obtain sufficient space to manipulate the head. It will be remembered that this anterior part of the capsule is the strongest part of it. It supports the body in the upright position, and prevents over-extension. In the young living subject this part of the operation does not usually give much trouble. The capsule is mostly softened and weakened by the tubercular process, and can be easily stretched and torn, after the first incision into it has been made. The *neck* of the femur should then be sawn through. This can be done (*a*) by rotating the femur strongly outwards, so as to lever the head out of the acetabulum, and partially protrude it from the wound, where it may be sawn off; or (*b*) by sawing off the head *in situ*, and then levering it out of the wound with the elevator.

It is an advantage in this operation to saw through the neck as closely to the head of the bone as possible, so as to leave as much stump of the neck adhering to the trochanter as you can. This afterwards projects into the acetabulum, and thus tends to prevent dislocation upwards on to the dorsum, if quick union takes place. On the other hand, this operation is generally done in young subjects where the neck is very short. Thus, there may not be much bone left projecting from the trochanter, even when the neck is divided as close as possible to the head. The acetabulum and capsule, especially if suppurating, should be scraped out with a flushing spoon, and the wound closed with sutures, a drainage tube having been previously introduced. Sometimes a counter-opening is made through the muscles at the posterior part, and thorough drainage effected, but this is not generally considered necessary in the kind of case selected for this operation. The wound and joint cavity may also be treated with the glycerine and iodoform emulsion.

(*To be continued.*)

A DINNER of the Dental Society, to be followed by a Smoking Concert, will be held on Saturday, February 22nd, at Frascati's Restaurant, Oxford Street. As this is the first dinner in connection with the Society, it is hoped that a large number will be present. Tickets, price six shillings each, can be obtained from any of the Committee and from the Hon. Sec., A. De Mierre.

Tuberculosis—Ovarian Dropsy and Abdominal Tumours generally.

CLINICAL LECTURE BY Dr. PYE-SMITH.

Case I.

Gentlemen,—The case (Miriam 18) to which I invite your attention to-day is one of phthisis. You will find afterwards that you will make more mistakes about common diseases than about any others. Sir William Guil used to say to us, "You young men know a good deal, and with a little experience you will know more. But three mistakes you are sure to make: you will overlook cases of phthisis; you will overlook cases of syphilis, and you will overlook cases of itch."

The patient was a married woman, about 30 years of age. Her father and mother are both dead: "cause unknown." The patient being not more than 30, her parents must have died prematurely. If they had died by accident, their children would certainly remember it. They probably died of a common disease; and in England the most commonly fatal disease in young adults is phthisis. We must also remember that this is a disease which people are unwilling to allow has occurred in their family. Phthisis is concealed by such euphemisms as bronchitis, pneumonia, congestion of the lungs, grief, over-work, or dissipation. You may be almost certain that a person under 40 who has died of a chronic affection of the chest has died of phthisis.

Our patient was healthy until six months ago. At that time she had a blow on her back and has suffered pain there ever since. In women, this common symptom, pain in the back, is often associated with the menstrual period or with pregnancy. In men, it frequently occurs in the form of lumbago. I suppose this is because the erector spinæ has the difficult task of keeping the body upright. We are the only mammals that habitually maintain the erect position, and the attitude is comparatively recent; however, it seems to be almost as difficult to walk uprightly physically as morally.

She had some difficulty in breathing, suffered from cough, and was very weak. On examining the liver, it was found to be a little below the ribs. Remember that this does not prove that the liver is enlarged. For it may be due to tight lacing or to wearing a belt; or the ligaments may be loosened, and the liver fall by its own weight, as sometimes happens in women with flaccid abdominal walls after frequent pregnancy; or the liver may be pushed down by emphysema or by pleural or pericardial effusion. There was increase of splenic dulness. When you are feeling for the spleen, you should place the ulnar portion of the hand just below the edge of the ribs, and then press gently during inspiration, letting the hand lie quietly during expiration. You should on no account push your fingers in, for besides hurting the patient it excites the abdominal muscles to contract, and effectually prevents you from feeling the spleen.

In this case, however, it was quite easy to feel it in the left hypochondrium, sloping forwards towards the umbilicus.

There was albumen in the urine and some casts. The pulse was rather small and hard. The first sound of the heart was faint and prolonged; the second sound loud and sharp. This condition of the heart is often found with chronic renal disease with hypertrophied left ventricle. She also had pyrexia, but the temperature was never high. There was some dulness and medium-sized râles at both apices.

Diagnosis.—The physical signs of the chest, and the history of cough and wasting, clearly pointed to phthisis. I thought that she had chronic Bright's disease as well. Enlargement of the spleen may be due to malaria, leuchæmia, hepatic cirrhosis, or embolism. Here there was certainly none of the first three causes, and there was no cardiac murmur to indicate a possible source of an embolus. We thought of lardaceous disease, but the phthisis seemed not advanced enough, and a lardaceous spleen is not often so much enlarged.

Treatment.—We could not do much for the patient except to relieve the pain and quiet the cough. She went on without much change for a week or ten days, and then suddenly changed for the worse, and died.

Post-mortem.—The heart was normal, the liver was somewhat below the ribs, and grooved. There was evidence of old phthisis at both apices, and recent acute phthisis extended down to the base of each lung. It was not miliary tuberculosis, but there were caseating tuberculous nodules, abundant in each upper lobe and present through both lungs. There were also tubercules in both kidneys, and some in the mucous membrane of the pelvis. There was no interstitial nephritis, so that this tuberculosis was the cause of the albuminuria. The spleen was considerably enlarged, but no more light was thrown on this condition after death than during life. The spleen is a very variable organ. In old people it often becomes small,

while in children and young adults it may be much larger than normal without any apparent cause. There was some tuberculosis in the intestines, giving rise to ulceration of the ileum, which explained the diarrhœa which the patient had a little before her death. There was also tuberculous disease of the uterus and the Fallopian tubes. Lastly, there was tuberculous caries of the spine. Between the second and third lumbar vertebræ there was a cavity containing about an ounce of pus. The diseases of the vertebræ that are the most likely to be overlooked are cancer and tuberculous disease of their bodies. The only symptom here which might have helped us was the pain in the back, but because of its frequent occurrence we paid no attention to it.

Epicrisis.—Now we can see clearly the sequence of events in this case. The patient had incipient phthisis about ten years ago, which got quite well. She had a family, and this might have something to do with the clearing up of the phthisis. Death from phthisis scarcely ever occurs during pregnancy, but often during the weeks or months which follow delivery. Secondly, the blow on the back set up tubercular mischief in the spine. From this, an acute process spread through the whole body—lungs, kidneys and intestines.

CASE II.

Our second case (Miriam 25), that of a patient who was in the Hospital only for a short time. She was a married woman, 35 years of age. For three years she had noticed fulness of the abdomen. At first it was thought to be pregnancy, and she went about her household work as usual. The swelling, however, increased until it attained its present size. The bulk of the abdomen was enormous, and she weighed 18 stone. An ovarian cyst with ascites was recognised, and she would have been tapped, but expired before this could be done, in a fit of dyspnœa.

Autopsy.—An enormous ovarian cyst filled the whole of the abdominal cavity. There was a little recent peritonitis, and also clear ascitic fluid in the peritoneum—some pints. The contents of the tumour measured gallons.

After ovulation, the Graafian follicle remains as a corpus luteum. Not infrequently, however, instead of this normal process a cyst is developed. In the majority of cases these cysts remain of small size, and do no harm, but occasionally they increase in size until they may attain such dimensions as to fill the abdominal cavity. Sometimes, instead of a single cyst we find a multitude of new ones—proligerous ovarian cyst. The unilocular cysts were the ones that were formerly cured by tapping; the tapping having to be repeated three or four times before the cyst was cured. All very large ovarian cysts are multilocular, and often contain secondary solid growths—papillomata.

If the patient had been operated upon two or three years ago, she would have been cured.

I remember the first case of ovarian tumour I had under my own care. I asked my senior colleague in the dissecting-room, Mr. Bankart, now of Exeter, to operate. This was done; the patient got quite well, and we were both very proud of our case, as the successful cases were few at that time. The last case I had was that of a patient nearly 70 years old, who came to me for "dropsy." I asked Mr. Golding-Bird to operate on her, and she recovered perfectly.

It is important to diagnose these ovarian cysts while they are small, because if they have been growing for some time adhesions are formed between them and the surrounding organs; so that an operation which need have but little risk if performed when cysts are small, becomes a very grave one if cysts are allowed to grow for a long time.

We will take occasion of this case to speak of the diagnosis in general of what Dr. Bright in his papers in early volumes of our "Reports" called abdominal tumours and intumescences.

1. The first cause of a large abdomen to be thought of is the mere increase of fat. Adipose tissue is apt to accumulate as men and women free from disease approach middle life, *i.e.*, the middle of adult life, between twenty and thirty—the fifth of Shakespeare's seven ages. There are three layers of fat covering the abdomen; the subcutaneous tissue, the subserous connective, and the omentum.

How do we recognise this obesity? The patient, if in health, will be fat in other parts, round the chest, in the face and in the limbs. Falstaff's "fat belly and a lean leg," are not signs of health. The umbilicus will be depressed, sometimes deeply. There will be two transverse lines across the belly, one above the umbilicus at the bend of the body, and the other just above the pubes.

2. The next cause of a swollen abdomen is *tympanites*, which means that the intestines are distended with gas, like a drum. You recognise this from the tympanitic, hollow, drum-like sound which is obtained on percussion. The sound is most clear and musical when the abdomen is thin. The sound is obtained in any

position of the patient, and over the whole of the abdomen. The distension is increased after food, and may be diminished by friction. It is often present with dyspepsia, and in most cases of peritonitis. It is also present in most cases of enteric fever, and if great, is justly regarded as a bad sign.

3. The next condition is *Ascites*, or the presence of fluid in the peritoneal cavity. It has been known since very early times. Aretæus, in the year 215 A.C., described it thus: "When water is poured in large quantities into the abdominal cavity and the intestines float on the water, this is ascites."

We will speak of it presently in distinguishing it from ovarian dropsy.

4. Next come abdominal *tumours*.

First *pregnancy*, which Dr. Wilks described as an osteo-sarcocele of the uterus. You must examine the patient very carefully before you decide that she is or is not pregnant. For if you make a mistake, you may cause cruel injustice or bring great discredit on yourself and your profession. Remember the sad case of the lady at court who was declared to be pregnant, and vindicated her reputation by dying of an ovarian tumour.

In this case, more than any other, if you cannot make up your mind, wait. If it is pregnancy, other signs will appear, and you will be able to decide with but little difficulty.

Next *fibrous* tumour of the uterus.

Then more rarely there may be *fæcal accumulation* in the colon. You should remember that such a thing does occur. When present, the swelling is usually on the left side, over the sigmoid flexure. It is usually associated with cancer of the rectum.

There may also be a very large *liver*, usually due to cancer, sometimes to lardaceous disease. There may be a very large *spleen*, as in ague, malaria, or leuchæmia. The *kidneys* may be enlarged, the enlargement being due usually to *Hydronephrosis*. I have seen a kidney so much enlarged that it filled nearly the whole abdomen. There may be *hydatid* cysts resembling very closely ovarian cysts. Then, a distended *bladder* may be mistaken for a tumour. Many, from John Hunter downwards, have made this mistake. You should remember that you can decide at once by passing a catheter.

5. The diagnosis between ascites and an *ovarian cyst*. First is the *shifting dulness*. You are all familiar with the fact that in ascites, while the patient is lying on his back, the abdomen is resonant in front and dull in the flanks; and when the patient is turned on his side, the upper flank becomes resonant and the front dull. The front of the abdomen, however, may be dull when the patient is supine. This is due to the intestines being bound to the back of the abdomen by adhesions, or to the shortening of the mesentery, so that they cannot float forwards. In cases of ovarian cyst, the abdomen is dull in front and resonant in the flanks, and this dulness remains the same whatever be the position of the patient. The next point is *fluctuation*, which may be found in either case. This is a constant sign of ascites, but only an occasional sign of cyst. The *shape* of the abdomen will help you. In ascites it is uniformly distended, the diaphragm being pushed up on each side and the flanks bulging outwards and expanding the lower part of the thorax, so as to make it barrel-shaped.

In ovarian dropsy the distension is more in form of an hour-glass, and the tumour bulges more forwards than in the flanks. This projection forwards is well seen when the abdomen is looked at from the side.

The next point is the position of the umbilicus. In health and in ascites the umbilicus is a little nearer to the pubes than to the xiphoid cartilage. In ovarian tumour the umbilicus is nearer to the xiphoid cartilage than to the pubes, and is often a little to one side of the middle line.

Again, ovarian tumours grow upwards from the pelvis. Sometimes you can get a history of the tumour beginning below. Women who have had children will tell you that the swelling was like that of pregnancy, and that it was much less troublesome after getting out of the pelvis.

It is rarely, however, that you will get a clear account of the tumour beginning on the right or left side.

There is another point about an ovarian tumour, that it moves with respiration. You can only make this out, however, in large cysts which are out of the pelvis.

Lastly, there is one other important method of diagnosis, namely, by tapping.

Ascitic fluid is clear and yellow, like serum, and contains plenty of albumen. Occasionally it is stained with blood. Very rarely it is stained with bile (*e.g.*, from the rupture of a hydatid cyst of the liver in our case in Miriam).

Ovarian fluid is seldom of the serous kind, more often its colour is light brown or greenish. It is often, however, thick and dark brown, hæmorrhage having taken place into the cyst. It is sometimes so thick that it will only run through a large cannula, and sometimes glistening

with cholesterine. There may be these various kinds of fluid in different cysts in the same tumour.

You can distinguish hydatid fluid by boiling it, for no coagulation takes place. Hooklets appear under the microscope. A parovarian cyst yields a clear colourless limpid fluid, containing albumen.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Philip	9.	Aortic regurgitation.
	21.	Acute rheumatism. Mitral systolic.
	25.	Mitral regurgitation.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	37.	Anasarca. Mitral disease. Aortic disease.
Stephen	22.	Mitral regurgitation.
	34.	Aortic stenosis and regurgitation.
Mary	15.	Enlarged heart. Systolic epigastric bruit.
	17.	Acute rheumatism. Endocarditis. Pericarditis. Chorea.
	21.	Mitral stenosis and regurgitation.
	26.	Mitral stenosis. Enlarged liver. Œdema.
	27.	Mitral stenosis. Pneumonia.
	33.	Œdema of lower extremities. ? Growth.
	34.	Aneurysm of first part of aorta and innominate artery.

Nervous System.

Philip	6.	Paraplegia. Traumatism.
	30.	Chorea. Zona.
Stephen	2.	Right hemiplegia.
	8.	Right hemiplegia.
	21.	Cerebral tumour.
	28.	Hemichorea.
	32.	Spastic paraplegia. ? Secondary to pachymeningitis.
Mary	13.	Chorea.
	42.	Functional paraplegia.
	44.	Chorea.
	46.	Chorea.

Alimentary System.

Philip	14.	Carcinoma of liver. Jaundice.
	20.	? Appendicitis.
	24.	Carcinoma of stomach. Ascites.
	33.	Carcinoma of stomach and liver.
Stephen	1.	Carcinoma of stomach.
	3.	Enlarged spleen.
	6.	Enlarged liver.
	13.	Epithelioma of œsophagus.
	14.	? Pancreatic cyst. ? Hydatid.
	19.	Carcinoma of liver.
Mary	11.	Jaundice. Impacted gall-stones.
	32.	Dilated stomach. ? Growth. ? Duodenal ulcer.
	41.	Perforative appendicitis.
	48.	Hæmatemesis. ? Pyloric growth.

Respiratory System.

Philip	23.	Bronchitis.
	26.	Bronchitis.
	26.	Hæmoptysis.
Stephen	12.	Emphysema. Bronchitis. ? Phthisis.
	15.	Pleuritic effusion. Displacement of heart. Acute rheumatism.
	19.	Pleuritic effusion (left base).
	20.	Fibroid lung (left).
	23.	Hæmoptysis. Phthisis.
	28.	Pleurisy. Cirrhosis. Delirium tremens.
Mary	19 & 3.	Phthisis.
	50.	Fibroid lung.
	54.	Pleuritic effusion (Clearing up).
	57.	Pneumonia (left base).

Genito-Urinary System.

Philip	3.	Granular kidney. Gout.
	7.	Tubal nephritis.
	16.	Tubal nephritis.
	34.	Acute tubal nephritis. Bronchitis.
	39.	Tubal nephritis.
Stephen	36.	Impacted uric acid calculus.
	39.	Phosphaturia. Renal pain.
Mary	43.	Enlarged kidney. Pyrexia.

Specific Diseases.

Philip	25.	Enterica.
	28.	Influenza.
Stephen	24.	Enterica.
	39.	Enterica.
	40.	Enterica.
Mary	4.	Enterica.
	7.	Typhoid. Systolic mitral bruit.
	14.	Enterica.
	15.	Enterica.
	18.	Enterica.
	47.	Enterica. Otitis media.

Miscellaneous.

Philip	1.	Gouty arthritis.
	2, 3.	Gout.
	11.	Saturnine atrophy.
	21.	Diabetes.
	29.	Lymphadenoma. Mediastinal growth.
	40.	Gonorrhœal arthritis. Iritis.
Stephen	7.	Hodgkin's disease.
	9.	Plumbism (acute).
	15.	Diabetes.
	16.	Pemphigus (recovering).
	35.	Psoriasis.
	44.	Acute rheumatism.
Mary	1.	Chlorosis.
	22.	Osteo-arthritis.

Cases under Dr. Washbourn.

Stephen 36.—P. T. R., æt. 44. Was admitted on January 13th, for pain in the left loin and inability to pass water. Patient is a strong man, and has lived in London most of his life. He is a marine stoker, and is temperate. There is no family history of gout, nor has he been affected with joint trouble. Four months ago he was suddenly seized with pain across the small of his back. This attack of lumbago laid him by for three weeks. The patient did not notice any deposit in his water.

January 11th. Patient did not pass any water, but did not feel unfit for work.

12th. Patient was seized with exquisite pain, which remained in the lumbar region, just above and posterior to the superior iliac spine. The pain was of a continual stabbing nature.

13th. Patient has not passed water for two days, and lies in exquisite pain with left thigh flexed. There is some fulness in the left lumbar region, and patient complains of great tenderness here. The patient cannot take his food. A catheter was passed, and two drams of urine withdrawn. The specimen was slightly albuminous. Patient was hot-packed and purged. Brandy was given.

14th. Patient passed water to-day, about one and a half pints. It is dark red in colour. The fulness has disappeared, and the tenderness diminished.

15th. Urine, 36 ounces in quantity; sp. gr. 1026, acid. Uric acid crystals. Epithelial cells. Granular casts.

16th. Urine, 32 ounces. Uric acid crystals.

19th. Urine, 130 ounces.

26th. Patient was suddenly seized with a similar pain and anuria. This passed off shortly, and micturition was frequent.

27th. Patient noticed last night that there was scalding and pain of the meatus at the end of micturition.

28th. 64 ounces of urine were passed.

30th. Patient has experienced the same pain at the end of micturition as detailed on the 27th. He gets up now, and is obliged to pass his water every hour. When he walks about he is troubled with pain in the perineum and left testicle.

Diagnosis.—Uric acid stones impacted in the left ureter. Passage into the bladder.

MARY 11.—S. W., æt. 40. Admitted January 29th, for jaundice and drowsiness. Patient has lived under straitened circumstances for the last eighteen years. Patient has ten children, of which seven are alive; she is now four months pregnant. There has been much trouble with bilious diarrhœa, the concomitant symptoms being drowsiness and pain. The patient has had two previous attacks of the disease. The first occurred eight years ago, and the pain and jaundice lasted about one week. The second attack commenced six weeks ago. The jaundice and pain came on together; the pain lasted one week, but the jaundice has increased up to the present time. Patient considers that she is more jaundiced one day than another. The last paroxysm of pain came on a week ago. The pain seemed to pick out the epigastrium, and was of the variety called "stitch in the side." It was made much worse by inspiration. The pain moved to the liver region. In three days' time the pain abated; it had kept the patient awake for three days, and she could not take her food. There was no shivering.

Present condition.—Temperature, 98°; pulse, 72; respiration, 20. Patient is very drowsy; she presents all the symptoms of obstructive jaundice. There is no tenderness in the liver region, nor is that organ enlarged.

Probable diagnosis.—Impacted gall-stones.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

NAAMAN	1.	Popliteal abscess.
	6.	Perineal abscess.
	8.	Carcinoma recti.
	13.	Lipoma of inguinal hernia.
	14.	Hip-joint disease.
	17.	Rheumatoid arthritis. ? Loose body in knee.
	19.	Strangulated inguinal hernia.
ACCIDENT	16.	Fractured femur.
	20, 24.	? Fractured base. Concussion, and bleeding from ear.
CHARITY	5, 9.	Spinal caries.
	19.	Rheumatoid arthritis.

CASES UNDER MR. DAVIES-COLLEY.

CORNELIUS	1.	Concussion. Bleeding from ear.
	13.	Run over. Fractured ribs. Injury to kidney. Hæmaturia.
	18.	Fractured crest of ilium.
LYDIA	4.	Ventral and femoral hernias. ? Chronic intestinal obstruction.
	9.	Suppurative mastitis.
	17.	Sub-pectoral abscess.
	21.	Irreducible femoral hernia.

CASES UNDER MR. LUCAS.

JOB	1.	Renal calculi.
	2.	Fistula in ano.
	6.	Tuberculous knee.
	9.	Varicocele.
	16.	? Tuberculous cystitis.
	24.	Naso-orbital growth. ? Melanotic sarcoma.
ACCIDENT	3.	Compound comminuted fracture of tibia.
CHARITY	3.	Caries of spine.
	Cot A.	Spinal caries in cervical region.

CASES UNDER MR. GOLDING-BIRD.

LAZARUS	2.	Stone in kidney.
	6.	Mastoid abscess.
	11.	Sacro-iliac disease.
	13.	Rodent ulcer at inner angle of orbit.
	15.	Enlarged prostate.
	20.	Varicocele.
MARTHA	6.	Frequency of micturition.
	9.	Lupus of face.
	13.	Spinal caries. Psoas abscess.

CASES UNDER MR. JACOBSON.

NAAMAN	20.	Carcinoma recti.
	22.	Spinal caries.
DORCAS	1.	Ovarian cyst.

In Dorcas Ward.

ECTOPIC FŒTATION.

I. A. D., æt. 27, admitted January 16th for abdominal pain and collapse. Patient was married; had had three children, the youngest being only eleven months old; she had nursed him till two days before admission. In the middle of November and December patient

apparently menstruated, each time slightly. In November she began to have pains in the lower part of abdomen, which were often severe, and became worse as time went on. On the morning of January 14th she rose to call her husband, and shortly after getting into bed again felt great pain over the abdomen, and fainted. After that she was in continuous pain and very weak; for nearly twenty-four hours before admission she was repeatedly sick. Patient's bowels had been acting regularly, and she had had no serious trouble with micturition.

On admission.—Temperature 101°, pulse 144. Patient evidently severely ill, but somewhat under the influence of opium. Examination showed a globular mass, rather larger than a fist, in Douglas's pouch, fixed, tender, pushing forward the uterus, which was enlarged. The diagnosis lying mainly between a ruptured ectopic fœtation and a hæmatocele from some other cause, Dr. Galabin, who saw her in the evening, decided to operate at once. The peritoneal cavity was found to contain a large quantity of blood, with which escaped a healthy ten-weeks' fœtus. The right broad ligament was quickly tied and the appendages removed; but it was then seen that the severe hæmorrhage, which had recommenced, arose from the bottom of the pelvis; plugs of iodoform gauze eventually stopped the bleeding, the wound was closed, and patient transfused. However, she never rallied from the tremendous loss of blood, and though conscious most of the night, died at 9.30 next morning.

Post-mortem.—The Fallopian tube and its fimbriæ seemed quite healthy, no distension or rupture being visible. The right ovary was somewhat broken up, and there was no corpus luteum; the sac had been formed in the broad ligament and, stripping the peritoneum from that and from the back of the uterus, had obliterated Douglas' pouch. The uterus was enlarged, and had a much thickened mucous membrane. Dr. Galabin, at present, thinks that this may have been a case of primary ovarian gestation, the possibility of which many dispute.

II. S. C., æt. 30, admitted January 20th, complaining of an abdominal tumour. Patient is married, had one normal pregnancy ten years ago, and menstruated regularly since till early in November, 1894; she missed December, but on January 21st, 1895, a loss began which lasted for three weeks, and patient has seen nothing since. Early in February she had attacks of pain and fainting; her abdomen enlarged and she thought she was pregnant. She had morning sickness, and in the beginning of June quickened. At the end of September, for which time she had engaged a doctor to attend her confinement, she had some abdominal pains, which passed off without event. Early in October she last felt fœtal movements, and the tumour if anything grew less.

On examination.—The breasts were somewhat firm, the areolæ had a fading darkness, and "water-marking," and a thick milk could be expressed, the characteristics seen shortly after weaning. A fœtus could be felt lying obliquely in the abdomen, and the head was most distinctly felt per vaginam in Douglas' pouch. The uterus was not easily felt, it was pushed forward and to the right, and the sound entered three and a half inches.

Dr. Horrocks drew special attention to the condition of the breasts and uterus, which showed that involution had been taking place since the death of the child, the uterus at full term being as big as just after parturition in a normal pregnancy. The embryo usually dies a week or so after full term; in this case evidently it went on just over ten months.

Dr. Horrocks operated on January 21st. On making the incision, the bladder was opened, as it was drawn up by adhesions to the sac; it was carefully sutured and apparently no harm has resulted. The thick and probably muscular wall of the sac was cut, and the fœtus extracted by the feet, many adhesions having to be stripped off; all circulation through the placenta having ceased, it was peeled away without any bleeding. Owing to the numerous adhesions to the intestines, etc., the sac was left, being stitched to the abdominal wall and drained by a Keith's tube. The fœtus weighed five pounds, was nineteen inches long, and had a well-marked centre in the lower epiphysis of the femur, and other evidences that it was at least of nine months' formation. The placenta weighed two-and-a-half pounds. So far the patient is doing well; the sac, which has fallen in, will have to granulate up from the bottom.

J. R., æt. 35, married, was admitted with three separate abdominal tumours. One consisted of a three-months' pregnant uterus. Another, the size of three fists, on the right side, patient had noticed for twelve years; it had slowly grown larger, but had not caused much inconvenience except shooting pains at times. That on the left she had not noticed, being the size of one fist. These two were diagnosed as probably ovarian cysts. Patient's last child was born ten years ago, when the tumour was much smaller. Dr. Galabin thought it would not be safe to let pregnancy continue in the present state of affairs. On January 24th, therefore, he operated. The right side tumour was found to be a dermoid cyst, containing over half-a-pint of fatty fluid, which solidified on cooling; when it had been separated from its many adhesions and pedicle it was found to contain a quantity of hair, several incisor teeth, and a little bone. The left side tumour was a polycystic ovarian, two of the cysts having a dermoid appearance; it was easily removed. It was noticed before the operation that the tumour on the right was much more movable than that on the left; nevertheless, the former was considerably adherent, and the latter lay free, with a long pedicle. No ovarian structure was found on the right; on the left the greater part remained, and there was a characteristic corpus luteum of pregnancy, as large as the rest of the ovary, yellow with faint striation and a small central cavity. Removal of both ovaries almost invariably causing a metrostaxis with the uterus in the unimpregnated state, Dr. Galabin thought that a similar operation would be extremely likely to cause a miscarriage. In this case the patient has not miscarried, morphia being used freely the first few days.

E. C. T.

Passim.

At the time of going to press we hear that there is a strong probability of Mr. H. J. Spon (late editor Guy's Hospital Gazette) accompanying Captain Lugard as Medical Officer in an exploring party within the sphere of influence of the Chartered Company of British South Africa. The Chartered Company are, we feel sure, to be congratulated in every way on their selection, and our hearty wishes will go with Mr. Spon for his safety and success.

As Charing Cross scratched to Bart.'s, and we were victorious over Middlesex, there only remains for decision one tie in the first round of the Rugby Cup, which now, as we write, is taking place. The second round will begin on the 20th February, when we are to oppose St. Bart.'s, the other ties not being yet decided on.

The interesting Case for Diagnosis in our last issue was, our correspondent tells us, one of locomotor ataxy, the final examination showing the absence of knee-jerks and Argyll-Robertson pupils, which symptoms put every other possible affection out of court.

We are requested to announce that the next meeting of the Physical Society, on February 8th, will be a Pathological evening, and members of the Society are invited to contribute specimens. There will be an exhibition of lantern slides during the evening.

The Debating Society have earned the applause of everyone for the enthusiastic way in which the "Socialism" evening was carried out. A fair gathering, an excellent subject, and earnest speakers, ensured them one of the most successful nights on record.

The President of the Residents, Mr. A. A. H. Partridge, will preside at the next Smoking Concert on Saturday evening, February the 15th, when it is to be hoped that we may be charmed by the performances of many who have previously won our esteem, and many who have yet to do so.

Many of our readers will be pleased to hear that Mr. Wordsworth Poole (one of Mr. Golding-Bird's late house-surgeons) has recently taken part in Sir H. H. Johnston's successful expedition against Mlozi in the North Nyassa District; the chief was captured after two and a half days fighting, and was executed. Possibly Mr. Poole will favour us later with some thrilling details of his interesting adventures.

In consequence of the generally-lamented death of the late Lord Leighton, the Corps of the Artists, of which he was the Honorary President, will form a Guard of Honour on Monday, February 3rd, as on the occasion of the late Laureate's funeral.

A last reminder of the United Hospitals' Cycling Association's Cinderella on February the 6th, at the Holborn Town Hall; of the Volunteer Medical Staff Corps' Dinner and Smoker at the Horse Shoe, Tottenham Court Road, on the 24th of this month; and also of the Dental Society's Dinner at Frascati's Restaurant, Oxford Street, on the 22nd.

A recent correspondent from foreign parts wished for increased information as to alterations and improvements in his old School. The following are some of the improvements which are now nearing completion:—The old strong rooms under "Accident" have been turned into further isolation wards; and besides this, there are separate quarters on the spot for the Nurses attending the cases, and rooms for Institute Nurses returning to quarantine from infectious cases outside.

The New Operating Theatre, which occupies the position of the old stairs and passages near "Coels' Room," leading to Samaritan, has been recently used for the first time and has given general satisfaction. The walls and floor can be easily washed, if necessary, and the furniture makes a timely departure from the type used formerly, in being what is called "Aseptic;" moreover, both by a large window and good electric lamps, a constant and good illumination is ensured.

The Association team are just entering on a period of unusual activity, for on Saturday next they are opposed to Ewell in the first round of the Surrey Charity Cup, and on the 11th will play St. Mary's in the second round of the Inter-Hospital Cup, after a "bye" in the first round. We wish them every success in both contests.

Guy's Hospital Debating Society.

NOTES FROM THE DEBATE.

OUR readers will remember that in our last number we promised them a feast of rhetoric for the debate of the 10th, from the mouth of several visitors who were asked to come down and speak on the question of Socialism, and more especially of Mr. Percy Dearmer, who was to open the debate with an address on the subject. Mr. Dearmer was unfortunately unable to be present after all, on account of other engagements, but the other visitors came, and added much matter and spirit to the debate, which continued without a pause for the full limit of two and a half hours. There was a full house, and a ready supply of speakers. In fact, to judge from the vivacity with which the subject continued to be discussed over the coffee-cups, after the house was adjourned, there were opinions left unheard that would have amply sufficed to form a second evening's discussion on the subject.

Mr. A. A. H. PARTRIDGE kindly took the chair, and presided with tact and firmness throughout the evening.

The Rev. H. E. BOWDEN, Chaplain to the Hospital, apologising for Mr. Dearmer's absence, moved that "Socialism demands every man's earnest and sympathetic consideration." The debate was accordingly divided, as usual, between those who discussed the motion literally and those who spoke on the broader questions implied. For, if Socialism be only the science of social life, as the mover proposed to consider it, it is but a truism to hold that every thinking man must give to its study both attention and sympathy. Such are the excellent principles of the Christian Social Union mentioned by the same speaker, which reckons some 2,600 members of almost every opinion, both political and ecclesiastical, consistent with sanity and education.

The general drift of the debate, however, was on the actual schemes, known as socialistic, which are put forward and discussed at the present day; and this line was laid down by the mover himself, who gave a description of one of the more moderate of these schemes as representing the most rational Socialism of the day. The main idea was that of State ownership of all public property and all capital that is worked for profit, private property and wealth being thus left intact. This would obviate the waste of energy and material entailed through competition; would obviate public frauds; remove the evil results of competition, such as sweating and female labour, and improve the sanitation and cleanliness of the streets.

Mr. R. HOWARD opposed the motion at very short notice, but seemed to have no lack of arguments ready at hand for tackling the Chaplain. He remarked on the ideal socialism put before the world, which concerned only a Utopian state of morality, with which an ideal tyranny or anarchy would probably be far more successful than socialism. But reducing the question to practicalities, it amounted to the abolition of class distinction, of private capital and of the stimulating effects of competition. The fact is that the shortcomings of the present state of affairs are due to the intrinsic dishonesty of human nature, which would damn socialism every bit as much as it now damns individualism; and to the inherent laziness which makes men in the Salvation Army shelter prefer sitting up all night for 1d. rather than pay 2d. for a bunk which they can perfectly well afford. Finally, the working-man does not in the least object to authority, but only to the authority of his fellow working-man. The present system produces excellent relations between all loyal workmen and employers who deal loyally by them—an ideal state which is within the reach of all, and which in a state of socialism would be within no man's reach.

Mr. HAMBLIN SMITH remarked that he did not consider himself as a particularly ethereal being, or consider that his ideals were peculiarly ethereal. Socialism, in his opinion, was but a principle which attempted the remedy of obvious evils by certain practical means; and as such was independent of party and was compatible with Toryism and Radicalism alike. The State would re-adjust the balance of capital only where needed; but of course would not attempt so absurd a proceeding as the equalization of classes. Medical men would be paid officers of the Government, and would be promoted as are the officials of the Post Office. The Post Office, indeed, the poor-law and the system of profit-sharing, are examples of what might be the successful results of Socialism, which aims only at "The greatest happiness of the greatest number."

Mr. H. W. HILL, a Borough merchant "of ancient credit and renown," spoke as a socialist of 20 years' standing, and consequently dissenting from many views held by latter-day socialists. The essence of the principle, however, was the maxim, "*Salus populi suprema lex*," and that should govern all legislation. One of the most pressing evils that exists is the irresponsible ownership of land, which is due to the remissness of a landlord Parliament in the last century in re-applying an insufficient land-tax. This should now be greatly increased. The income tax, on the other hand, is a good example of the successful practice of the socialistic principle. Finally, the real aim of all should be to afford an universal "equality of opportunity" in the truest spirit of Christian brotherhood; and to do so in electing the best men to the various local boards, regardless of other considerations.

The Rev. PIERREPONT EDWARDS, Curate of St. Saviour's, then rose in his fury, and denounced the dreaming of dreams and the veiling of party opinions under the guise of an impossible union of feeling. He demanded a definite statement of the proposal of Socialism, and if met with a vague reply as to work for the good of the community, would ask how that was to be determined. If men were ideally honest, the socialistic idea would, of course, be practicable, but it would, at the same time, be unnecessary. The movement was a case of "*Vox et præterea nihil.*"

Mr. H. C. Batchelor submitted that Socialism was practically a scheme of the working classes for their own benefit, but that Mr. Hamblin-Smith would hardly care to have half of his future £10,000 a year confiscated by a socialistic Government."

Mr. R. Kay maintained that the objects of Socialism were to re-adjust the balance between the workers and drones, the sweated and the sweaters. The vaunted nineteenth century which produces the money-seeking colonial depends on a system which encourages selfishness. Socialists, on the other hand, desire to introduce a system which shall promote unselfishness.

Mr. E. Coleman, in a pleasant and bright little speech, boasted of the fact that he had no money, and so had nothing to lose by Socialistic legislation. He was glad to find that there were thoughtful supporters of the theory, but ventured to oppose Mr. Hill's idea of imposing a further tax on land which cannot afford to pay a single farthing more. This, in fact, was but an instance of the whole fabric that constitutes the dream of the Socialist—beautiful, indeed, to look on, but very fragile to touch. These ideas, finally, would limit enterprise such as that shown by Englishmen in South Africa, of whom he was in the highest degree proud.

Mr. J. Fortescue-Brickdale supported the motion with all the zeal of which he was capable. It was insanity, he held, to ask for moral amelioration before granting reform. Socialism, indeed, aims at moral amelioration in the acquisition and due working of trains and tramways, whereby morality is materially improved. He himself could not believe, in face of the evidence furnished by the Post Office, that public control was destructive of enterprise, but it was possible that in South Africa the age of private enterprise was over, and waiting to be replaced, as in India, by an age of Government control.

Mr. B. B. Ham reflected on the contrast of the old days, when the barons were crushed by Church and king, and the present, in which Church and king are themselves threatened with extinction. Socialism might be described as a Utopian scheme for the redistribution of the world's wealth every Saturday night, with a view to the lamb lying down with the lion. In the event of its success, he prophesied that the lamb would be on the wrong side of the lion. Decentralization and Democratization were the cause of all the recent crises in Australia, and if any good were to come from Socialism, it must be from the individualism which is not only an important part, but the very essence of Socialism.

Mr. E. D. Bascombe supported the motion, but expressed a wish for further information on the subject. He held it to be useless to look far into the future; such books, however, as James Adderley's "Stephen Remarx," and "The New Floreat," or the publications of the Fabian Society, were both instructive and entertaining.

Mr. R. Howard, who was then called on for his reply, hoped that members would not be misled from the wording of the motion; but would realize that the word "sympathetic" implied an active sympathy in modern Socialistic propaganda. Several questions were answered and reference made to the anarchical agitator who invades country places with his false ideas, and disturbs their rest and equilibrium.

The Chaplain in turn replied to his opponents. He expressed his abhorrence of the middleman, who would be at once swept away by Socialism; and his intention of cultivating a feeling at least of respect for the income-tax, which he now for the first time understood to be consistent with his ideals.

On a show of hands, the motion was defeated by a narrow majority of 4 votes. A vote of thanks was passed to the Chairman for his fulfilment of that office during the evening.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Trismus and Tetanus in Labour.

Dear Sir,—I trust you will allow me to make a few additional remarks on trismus and tetanus of the uterus in labour. When my paper was read at the International Medical Congress, Dr. Hicks made the same comments on it as he made on the Guy's Charity case published in the Gazette of October 12th. He does not seem to recognise the essential difference between the two classes of case. His cases are those of continuous contraction *after* long, laborious and ineffectual action of the uterus, and are mostly the result of mismanagement and neglect of timely assistance. In the cases I have described, the continuous contraction comes on at the commencement, even *before* labour pains have become established. In my cases, and in that of the Guy's Charity, the abnormality was early discovered, and I think there was no mismanagement or negligent delay in rendering assistance in any of these cases. Dr. Galabin seems to have experienced the usual great difficulty in delivery in such cases; I hope he will, in the next edition of his work on Midwifery, devote a chapter to this important subject. Although in all these cases there were no recognizable signs of active rhythmic labour, yet the uterus might have been contracting in a slow, imperceptible and painless manner, which led to permanent contraction. There is so much uniformity in the complications of these cases, that I cannot but think they must be regarded as factors of the difficulty. I will tabulate these eight cases so that the complications may be in evidence.

Smallie (387).—Breast, neck, funis and chin presented; hæmorrhage. Mother died undelivered.

Smallie (389).—Premature labour; primipara; face presentation; flooding. Mother died fourth day after delivery.

Smallie (396).—Flooding; arm presentation. Mother died seventh day after delivery.

Roper (1).—Primipara; placenta prævia; eighth month of pregnancy; transverse presentation. Mother died two hours after delivery.

Roper (2).—Premature labour; flooding; placenta in cervical zone; transverse presentation. Mother recovered after a long and severe illness.

Roper (3).—Placenta prævia; premature labour; oblique presentation. Mother died undelivered.

Roper (4).—Placenta prævia; reported full term (?); transverse presentation. Death of mother two hours after delivery.

Galabin (Guy's Charity).—Premature labour; slight flooding; arm presentation.

Yours truly, GEORGE ROPER.

Oulton Lodge, Aylsham, Norfolk.

Intestinal Invagination and Distension.

DEAR SIR,—In Dr. Ryle's letter on this subject, published in your issue of 18th inst., attention is drawn to the use of the inflating pump of the bicycle for blowing up the bowel in cases of intussusception. In the GAZETTE of 21st December last you were good enough to publish some notes of mine on a case in which this instrument was used, and the admirable way in which it acted pointed out. Doubtless this simple expedient has occurred to many practitioners, but whatever credit may be due for first suggesting its use here belongs to Mr. H. W. Bloomfield, of St. Bartholomew's, who was temporarily acting as our Assistant House Surgeon,—I am, sir, yours truly, J. H. JOYCE.

Kent and Canterbury Hospital, Canterbury.

A Commentary on "A Case for Diagnosis."

SIR,—The case given for diagnosis is a very interesting one, but I consider that as the facts which were elicited on November 6th are not given to us, a definite diagnosis is impossible. Like probably many other readers, I jotted down the various possibilities that occurred to me, and I should be glad to compare them with others; though I do not pretend in this note to make a complete commentary. As regards the earlier history, the short duration of the urethritis renders stricture due to that cause an improbable explanation of the retention.

The multiple symptoms clearing up and again recurring rather put local organic lesions out of court, though a cancer at times breaking down might explain some, and the rest be reflex neuroses. So that gastric crises of locomotor ataxy accompanied by rectal and visical crises occurred to me first. If cancer, a gastric ulcer becoming malignant, carcinoma of the pylorus of the orifice of the common bile duct ("greasy" stools and constipation), or of the head of the pancreas, must also be thought of.

The formation of a gastro-biliary fistula by a gall-stone ulcerating through might have been the first attack, other stones passing in subsequent attacks, and possibly malignant degeneration completing the case. Again, tuberculous ulceration in the duodenum, or high up in the jejunum, and also low down in the ileum or colon, causing stenosis, may have led to dilated stomach and the rectal symptoms. Addison's disease was simulated by some points, leaving others wanting; tubercular mischief was present as often in that disease, and possibly caries of the lower dorsal spine, with an abscess pressing on the cord, rather above the centres, for the rectum and bladder may have accounted for the troubles of those viscera.—Yours truly, X. Y. Z.

Another Warning.

SIR,—In the GAZETTE of September 28th, Dr. Long published—as a warning to Guy's men—a fraudulent appeal for money, to which the following shows marked similarity. One of them, I regret to state "struck oil."

"38, Great Titchfield Street,
"Oxford Street, London, W.
"9th January, 1896.

"My dear ——, I am in a bit of a hole for want of a little ready cash, and I am going to trespass on old friendship by asking you to lend me £2 or £3 for a week or two. I know you will not misinterpret me—the difficulty has arisen through a circumstance which I will explain more fully when I hear from you, which I hope to do by return, as the occasion is immediate.

"With sincerest good wishes, I am, my dear ——, always faithfully,

HARRY BACON WILKINSON."

The second letter is addressed to a different person, but almost in the same terms.

I shall be glad of any information which may aid in identifying the genius who conceived the above fraud, and who, as yet, has escaped detection; there seems little room for doubting that he is a Guy's man.

A propos of the above letters, I may mention an event which occurred rather more than two years ago when I was serving as ship's surgeon. Shortly after I embarked, a wire—with prepaid reply to a London Post Office—reached home to the effect that the vessel had been so seriously disabled by bad weather as to render it imperative to put back to (if I remember rightly) Portsmouth, that the necessary repairs would take several days to effect, and meanwhile, I was at liberty to come home, except that my funds would not carry me further than London. Would they kindly wire remittance? Fortunately, my father detected the fraud. All attempts, however, to discover its author failed.

It seems quite on the carpet that one and the same person is responsible for telegram and letters. If so, he is localised to one of my contemporaries; and yet it is sad even to think of a Guy's man—especially a contemporary—being capable of such contemptible conduct.—By inserting the above you will greatly oblige yours faithfully, H. B. WILKINSON.

44, Appach Road, Josephine Avenue,
Brixton, S.W.

The Theories of Eruption and Absorption of the Teeth.

A Paper read before the Dental Society on Tuesday, January 14th, by Mr. J. Lewin Payne.

Mr. Chairman and Gentlemen,—It would perhaps be best for me to open my paper by explaining the reasons which led me to select the subject which is to be considered this evening.

When invited to read a paper before this Society, it was suggested that I should choose some topic which, while interesting to us as students of dental surgery, would not simply run over the ground of matter already definitely and fully dealt with within the pages of the literature of dental surgery. Eruption and Absorption (though the theories are, I suppose, discussed in nearly every work on dental surgery) remain in an unsolved state, and in no one book that I remember reading have I been able to obtain a really clear idea of the nature and cause of these physiological changes. I therefore venture to think that a discussion of these theories might prove a profitable one.

I have chosen to deal with eruption and absorption together, because they are changes which appear to have some bearing upon one another. Definition of terms is a necessity before we come to theorise on the subjects under discussion. To start with, then, the word Eruption in its widest sense refers to an act of breaking out or bursting forth from an enclosure or confinement, and is derived from the Latin *e*, out of, and *rumpo*, I break. In our more limited and professional sense, however, we may look upon it as referring to the process by which teeth are moved upwards into place. On the other hand, the term Absorption, which originates from the Latin *ab*, and *sorbeo*, I drink in, refers in the dental world to the process by which the roots of the temporary, and, in some cases, those of the permanent teeth are removed while they are still embedded in the gum. But even when we have defined the meaning of these terms, we are almost as far off as ever from understanding the processes which bring about these results. Why does a tooth erupt? Can we give any satisfactory and sufficient causes for the production of such an occurrence? For my own part I am not prepared to say that we can.

With regard to these processes, there has always been a large element of doubt amidst all the variety of opinions which have been offered and have obtained a hearing. Even the great authorities upon dental surgery have held such different views, and have brought such strong arguments against rival ideas that, after studying the subjects in all their aspects, one becomes quite perplexed and bewildered in seeking to choose any view which could be considered thoroughly sound and satisfactory.

Mr. Charles Tomes realises this so fully that he says in reference to eruption, that the explanations which he has read are to his mind less satisfactory than the admission that we do not know.

I shall endeavour in this paper, first to deal with the principal theories which have been advanced on these subjects, and the arguments which different writers have brought to bear against them, and then, secondly, to explain as far as possible what appears to me in each case to be the theory which most nearly approaches the truth. I fully recognise in doing this that I am laying myself open to the severe criticism of my hearers, and that with the small experience I have had, my personal inclination towards some theories and antagonism to others cannot be reckoned to be of great weight.

Considering then, first the subject of eruption, it is necessary at the outset to remember that the principles which underlie the eruption of the temporary teeth are essentially the same as those which have to do with the eruption of the permanent ones. That I think we may take as an axiom. It is recognised that bone is absorbed from the jaw which lies over the erupting tooth, but what it is that causes the tooth to move from its original resting-place to the surface of the jaw is the point upon which these theories have been set forth. The process is a physiological, and not a pathological one. The infantile diseases which so often accompany it may not infrequently be attributed to the food taken by the child. It has been found by experience that though such troubles may occur as the result of eruption of the teeth, yet a child which is perfectly healthy, and living under good hygienic conditions does not suffer when this period arrives.

I. Proceeding now with the theories, the first which we shall consider declares that eruption is caused by a deposit of bone at the base of the root of the tooth forcing it, as it were, out of its socket. But this appears to rest on pure assumption, for there is certainly no *visible* deposit at the base of the root of the erupting tooth, and we have no reason for supposing that there is greater development of bone taking place during that period at the apices of the alveoli than at other parts of that district of the maxillæ. Hence it seems clear that this theory does not give us any assistance in discovering the cause of eruption.

The second theory is that the tooth is pushed up by an increase of bone occluding the sockets; that is to say, eruption is brought about by gradual contraction of the socket of a tooth through bone filling it up. This seems to be only a slight improvement on the first theory and could scarcely help us in our search for the truth.

Another theory—that of Coleman—is that the alveolar process and the teeth in it are carried to the surface by what are known as "bone currents," and the teeth arriving at the surface are then laid bare by absorption, which allows the tooth to advance till its crown meets some opposition, and this retains it in position. This indicates that the bone grows in a manner similar to that of epithelium and cartilage, *i.e.*, from the nutrient centre towards the circumference.

The fourth, and last of the old theories with which I intend to deal, is the one which asserts that the eruption

of teeth is due to the elongation of their roots. Against this theory several objections have been urged:—(*a*) When a healthy normal tooth is erupted, the distance travelled by its crown frequently exceeds the amount of addition to the length of its roots which has gone on during the same time. This is especially noticeable in the case of the canine tooth. (*b*) Again, while sometimes teeth with stunted roots *are* erupted, at other times teeth with fully formed roots are *not*. Some teeth, as Tomes states, with roots fully formed may remain buried in the maxilla or mandible through half a man's lifetime and then in his later years be erupted. To illustrate this point: In the museum of the Odontological Society there is a preparation which exhibits a bicuspid tooth to be fully formed and yet not erupted, though there is nothing present which would obstruct the tooth. (*c*) The third objection is derived from a study of comparative anatomy, where in the case of snakes the tooth moves up pulp and all; thus showing that something, which is due to a force clearly independent of their length, shifts the position and erupts the teeth.

If this last hypothesis is a correct one it certainly cannot stand alone in the face of such arguments against it. With reference to these theories I should like just to indicate the views with which to a certain extent I sympathise and in which I am inclined to concur. I may at once say that I do not feel that any one theory of those above mentioned, if taken by itself, can be sufficient to explain eruption.

I look upon teeth as being a living part of a living organism, yet the tooth is no more a part of the bone, than the blood-vessel which traverses a foramen is a part of the bone through which it passes. Notwithstanding the objections which have been brought to bear upon the last theory concerning the lengthening of the root, I believe that this is one of the agencies which leads to the eruption of the teeth.

Salter refers to a tooth which was in the right position that remained unerupted simply because the root of the tooth was not fully developed. Sometimes also the advance of a tooth is more rapid than the disappearance of the enclosing bone and soft tissues. This causes inflammation which would only be likely to occur through the growth of the tooth itself. However, I do not for one moment think that the work is entirely done by the elongation of the roots.

The cause which to me seems most active is one connected with the growth of the maxillary bones, and the fact that the alveolar process appears and disappears with the teeth points in this direction. The mode of growth in the jaws differs to a large extent from that of other bones. Instead of becoming larger by interstitial growth, they increase in size in consequence of the addition to the external surface by a method which may be looked upon as a sort of plastering process. Absorption at the front of the ramus also takes place to make room for the permanent molars.

Then, again, in regard to the development of bone, we must remember how remarkably rickets and syphilis affect the eruption of the teeth. Rickets is acknowledged to cause a distinct delay in the appearance of the teeth. On the other hand, syphilis accelerates their eruption, so much so that they are sometimes almost in position at birth. A further point which bears upon this idea is often well illustrated during the regulation of the teeth. If for some reason a regulation plate is applied, which covers most of the teeth but relieves certain others from pressure—the first molars might be taken as an example—elongation will occur in those teeth from which the pressure has been removed. This elongation can occur at a period considerably later than that at which the roots would be complete. Hence it cannot be due to any lengthening of the root, but it must, in my judgment, be caused by an alteration in the bone. The bone continues to grow, and in the ordinary way it carries the teeth with it, but when the teeth become opposed by others, this movement can no longer be continued unless the pressure is removed.

Salter reports a case in which a lower bicuspid was impacted in consequence of a regulation plate pressing hard upon a temporary molar. These facts lead me to believe that the main influence in bringing the teeth into their right position is the gradual growth of the alveolar process of the bones.

Now turning our attention to absorption, we remember that it occurs differently in the temporary and permanent teeth. Two broad lines of distinction may at the outset be laid down. When found in the permanent teeth it is always *pathological*, when appearing in the temporary teeth it is usually *physiological*. But even in the milk dentition, for the absorption to be deemed physiological it must have taken place for the purpose of making room for a permanent successor.

Just as in the case of eruption several suppositions have been set forth. First we have what is known as the "cannibal theory," which seems to me to be a very apt and expressive name for this view. It is that the roots of the temporary teeth are absorbed by the permanent ones literally eating them up. All I can say is that the novelty of this theory is in direct proportion to its impracticability. I am not aware whether the derivation of the word absorption in its widest sense suggested the cannibal theory, but it is certainly one which would well answer to the Latin *ab* and *sorbeo* which may be said to mean a process of swallowing up.

II. We come next to the pressure theory, which implies that absorption is due to pressure. It is quite true that pressure will produce absorption, as is often seen in crowded mouths where wisdom teeth get impacted and press against the second permanent molars, causing absorption of the latter: the roots of laterals are also sometimes absorbed by canines in a similar manner. But these are pathological examples. With regard to absorption of temporary teeth matters are different. One great argument against the pressure idea is that the roots of the temporary teeth need be in no way in contact with permanent ones. In fact a

layer of bone is often situated between them, and yet absorption goes on.

Again, it does not necessarily follow that absorption will always take place in the side nearest to the successional tooth, though it must be admitted that it most frequently does so. The proximity of the permanent tooth is also by no means a necessary point. Another objection to the pressure supposition is that sometimes a temporary tooth is thrown off two years before its permanent successor is prepared to take its place.

Tomes' theory is that it is due to a definite absorptive organ. This has been called the "Absorbent organ of Tomes," and is composed at its surface of a number of peculiar egg-shaped or spherical cells, which closely resemble those known as myeloid. The next layer consists of ordinary nucleated cells and free nuclei; while deeper still, the base contains developing fibrous tissue.

The superficial cells are those in close contact with the wasting surface of the tooth, and they seem to cause the disappearance of the tooth tissue. Some have said that they send out amœbiform processes, and others that they secrete an acid which dissolves the substance of the tooth. It seems, however, more probable that these cells exert a phagocytic action.

The part of the tooth which gives greatest resistance to the absorbent organ is that which is in immediate contact with the pulp. But eventually the pulp changes and even itself becomes an absorbent organ, or makes room for one. Dead teeth also resist the action of this organ, hence they are sometimes retained beyond the normal period. Wherever absorption occurs, whether in permanent or temporary teeth, cup-shaped depressions known as Howship's lacunæ may be seen.

Most of us will be inclined to agree that absorption is due to this absorbent organ—but what is it that gives rise to the production of this organ? Here seems to be the critical point of the whole question. For my own part I believe we can learn something by comparing the physiological with the pathological conditions of absorption.

We must not look too much for special organs. Altered condition in the surroundings have greatest influence in causing either hypertrophy or atrophy. An undue flow of blood may stimulate the osteoblastic layer of the cemental portion of the alveolo-dental membrane, and so produce hypertrophy; on the other hand, by reducing the blood-supply the osteoblastic layer may be induced to take on an osteoclastic function, and so cause absorption or atrophy. This is apparently what occurs under the pathological changes which take place in the permanent teeth.

The reason for believing that the alveolo-dental membrane is converted into the absorbent organ, is that wherever absorption is taking place on the root of a tooth, there this membrane is absent. It seems probable that the periosteal covering of the temporary teeth meets the same fate, and is so altered that the osteoblastic elements become osteoclastic agents. The process of absorption does not always occur without intermission, but it may, in fact, give place to deposition. Such alterations are of frequent occurrence in the temporary as well as in the permanent dentition. This I explain from Sir James Paget's law, "that constant pressure produces absorption, intermittent pressure produces hypertrophy," believing that what is known as the absorbent organ exerts a constant pressure during the time that the roots of the teeth are being worn away; and an intermittent pressure while the deposit is taking place. The presence of this organ in contact with the temporary teeth I attribute to the growth of the permanent ones setting up such changes that bring about its formation. In support of this idea, it may be mentioned that the temporary teeth are attacked in accordance with the order in which they are to be shed, to make room for permanent successors, and if, as in some patients, there are teeth which have no successors, they will frequently be retained until late in life.

To sum up the whole subject, I believe, firstly, that eruption is due chiefly to the general growth of the bone carrying the teeth to the surface, and then, to a less extent, to the elongation of the roots of the teeth. In the case of absorption of the temporary teeth, the cause may be attributed to the fact that as the permanent successor increases in size, such changes are set up which lead to the formation of an absorbent organ, and this organ acts in a phagocytic manner upon the teeth; with the permanent ones inflammation around the roots is sufficient to explain the conversion of the dental periosteum into an absorbent organ.

I have endeavoured, gentlemen, to lay before you the views which I wished to express on this subject, and whilst I would thank you very much for the patient hearing you have given me, I feel I must apologise for the somewhat superficial way in which I have dealt with the subject.

In conclusion, I venture to hope that even if my paper has failed in all other respects, it may at least arouse an interest in a subject which has, up to the present, been placed on such an unsatisfactory basis.

From the Gazette's Special Pathologist.

NOTICES.

E. M., Wrexham.—The growth has the characters of the simple polypus, or villous growth of the rectum. But it is impossible to say whether it is innocent or not, because there is no pedicle or basis to show invasion.

G. F. H., Balham.—After twenty-four hours' incubation on blood serum, the resulting growth was found to consist of cocci, only arranged as staphylococci. No Klebs-Löffler bacilli could be detected.

R. J. R., Lowestoft.—After twenty hours' incubation on blood serum, the resulting growth consisted of Klebs-Löffler bacilli in practically pure culture.

F. R. B. B., Tunbridge Wells.—Microscopic examination of the deposit obtained from the centrifuge, showed it to consist entirely of pus cells. No crystals,

casts, tubercle bacilli, or cells in the least indicative of growth could be detected.

B., Streatham Hill.—Nothing resembling the diphtheria bacilli could be detected in preparations direct from the membrane. After twenty-four hours' incubation on blood serum, the resulting growth was found to consist of a long bacillus resembling the bacillus subtilis. No Klebs-Löffler bacilli could be detected.

T. W. L., Woolwich.—Tubercle bacilli are present in fair numbers in the sputum.

G. G. M., Watford.—Tubercle bacilli are present in small numbers in the sputum.

S. W. M., South Petherton.—Tubercle bacilli are present in extremely large numbers in the sputum.

W. H. M., Kidderminster.—The specimen showed a very thick tunica vaginalis with some hæmorrhage into its substance. The body and mediastinum of the testis are normal. A hard nodule existed outside the tunica vaginalis at the back of the organ. On microscopical examination this was found to be fibrous in structure. It may have begun around an old varicose vein of the spermatic cord.

H. H. Du B., Weymouth.—The tumour has the structure of a fibroma, and is permeated by numerous large vessels. It probably originated from the deep fascia of the leg.

R. B. D., Derby.—Reaction. Rather strongly acid. Sp. gr. 1029. Albumen, blood and sugar absent. Microscopic examination of the deposit obtained from the centrifuge shows the presence of numerous crystals of the stellar and triple phosphates and calcium oxalate. Also large quantities of squamous epithelial cells from vagina and bladder. No tube casts or renal epithelium could be detected.

M. W. O., Belbroughton.—No tubercle bacilli could be detected in this specimen of sputum.

PATHOLOGIST.

Pass List.

Second Conjoint Examination, January, 1896.

(Under Regulations dated 1st January, 1892.)

Anatomy and Physiology.

Bent, V. T. C.	Michell, R.
Durbridge, H.	Miller, A. A.
Evans, E. A.	Richardson, W. S.
Humphry, L.	Row, E. R.
Longhurst, E. A.	Sturdy, H. C.

First Conjoint Examination, January, 1896.

Chemistry and Physics.

Attwood, R. D.	Lister-Kaye, A.
Bagshawe, H. V.	Mitchell, E. P.
Bartlett, C. E.	Muir, B.
Bryan, C. A. D.	Rashleigh, H. G.
Gaitskell, C. E.	Thomas, W. M.
Jones, F. J. F.	Whatley, J. L.

Second Conjoint Examination, January, 1896.

(Under the Four Years' Regulations.)

Anatomy only.

Cogan, L. D. B.	Isaac, B.

Physiology only.

Brown, G. M.	Powell, A. W.

First Conjoint Examination, January, 1896.

Materia Medica and Pharmacy.

Dudgeon, H. W.	Higgins, C. P.
Hancock, E. D.	Holden, H. C.
Penrose, A. W.	

Elementary Physiology.

Howlett, J. K.	Martin, L. C.

Sport.

Association Football.

GUY'S 1st XI. v. VOLUNTEER MEDICAL STAFF CORPS.

Played at Honor Oak Park, on Saturday, January 18th, and resulting in a draw of one goal all, after a most uninteresting and scrambling game.

Guy's having won the toss played with the wind at their backs, and had much the best of the play, but were unable to score on account of erratic shooting; while, as for the combination—well, there wasn't any. No one attempted to meet the ball from a goal-kick, and some of our forwards seemed quite annoyed when an opponent ran and got the ball, while one of them walked towards it. Nothing was scored up to half-time.

On re-starting, Guy's woke up a bit and putting a little more dash into the game, were able to score a goal from a melée, Mandy giving the finishing touches. Most of the Guy's men thought they had done enough for one afternoon, and left Lavers to give an exhibition of his prowess in goal, which he did with the greatest credit to himself, and managed to repel all attacks until three minutes from time, when an opponent rushed the ball through while Marshall was making up his mind whether he should kick the ball or charge an opposing player. On time being called the score stood at one all. Guy's gave the most disgusting exhibition of "football" it has been our lot to witness.

The whole team ought to be thankful to Lavers for having returned to his old position of goal-keeper, for he undoubtedly saved the match for us; one of his saves in the first half being nothing short of a miracle. Ford is evidently resting on his laurels, gained during the first part of the season, he never attempted to exert himself in the least; we hope for the sake of the Hospital he will in future put more life into his play and return to his old form. Team:—

Guy's.—N. Lavers (goal); G. Marshall and E. A. Longhurst (backs); R. W. Hall, A. E. Crosby and H. A.

Higgens (half-backs); P. S. Mandy, W. G. Palmer, F. E. Walker, G. Ford and M. H. Thornley (forwards).

As the Cup ties are very near at hand a little training would not be out of place: there are one or two members of the team who have never done such a thing, but might, we think, for the sake of the Hospital and the Cup, "waste" a little of their time at Honor Oak, the names of the above one or two are well known to most of us, so mention of them would be superfluous here.

GUY'S 1ST XI. v. IDLERS.

Played at Snaresbrook on Saturday, January 25th, and resulting in a win for the Idlers by three goals to one.

The game on the previous Saturday was described as "a most disgusting exhibition of football by Guy's." Well, all we can say is that in this match it was "worse." Perhaps the weather, the two miles' walk from station to ground, and the referee's startling decisions had something to do with it. The game needs little description as it was an exact repetition of last Saturday's with a little less dash about it. We hope this defeat has taught the team a lesson, not to be over confident, as earlier in the season a weaker Guy's team beat our opponents by four to one, but on this occasion the tables were turned. It is to be hoped that they will not be over confident in our Cup tie with St. Mary's Hospital. Lavers, Mandy and Longhurst were the best of a bad lot, Marshall's exhibition at back being unworthy of a Hospital team.

We should again like to mention the importance of training, as the want of it was very noticeable. Team:—

GUY'S.—N. Lavers (goal); G. Marshall and E. A. Longhurst (backs); H. A. Higgens, F. E. Walker and A. E. Crosby (half-backs); P. S. Mandy, W. G. Palmer, R. W. Hall, F. Kirk and G. Ford (forwards).

GUY'S 2ND XI. v. VOLUNTEER MEDICAL STAFF CORPS 2ND XI.

Guy's journeyed down to Woolwich two short, but picked up substitutes on the ground. In the first half our opponents scored three goals, play on our side being very slack. In the second half our men woke up and the game assumed a very even character. We, however, failed to score, and the game ended in a win for the Volunteers by three goals to one. Team:—

GUY'S.—T. R. Beale-Browne (goal); W. H. M. Smith, and A. N. Other (backs); J. A. Butler, —. Miles and A. N. Other (half-backs); P. W. Camps, R. M. Barron, A. A. Miller (capt.), S. Hughes and G. Naish (forwards).

GUY'S 2ND XI. v. EVERSLEIGH RESERVES.

In this match we had only ten men but managed to win by one goal (Miller) to love. We had the best of the game all through and should have had a more substantial victory but for erratic shooting. Team:—

GUY'S.—T. R. Beale-Browne (goal); J. Matthews and W. H. M. Smith (backs); J. A. Butler, M. Thornley and —. Miles (half-backs); G. Naish, R. M. Barron, A. A. Miller (capt.), and S. Hughes (forwards).

Rugby Football.

GUY'S HOSPITAL v. HARLEQUINS.

This match was played at Chiswick on January 18th, and resulted in an easy win for the Harlequins by one goal and three tries to nil. The first half of the game was very much in favour of the home side, and they scored three times in rapid succession about ten minutes from the start. Leake, C. Wells and Gervis crossed our line, the last try being converted by C. M. Wells.

In the second half, play was much more even than before change of ends; indeed, we looked very like scoring on two or three occasions, chiefly owing to good work by the forwards. However, just before the close, H. N. Clarke ran down strongly to our twenty-five, when C. M. Wells, receiving the ball from a scrum, gave an opening to Saward, who just got over. Immediately after the kick the whistle sounded "no side." Our forwards appeared to be over-weighted, and seemed to expend all their energy in holding up the scrums, so that when play became loose they were slow and clumsy. Of course, the obvious remedy is to get into hard condition. Gwynn, Dykes and Bagshawe were most prominent.

The half-backs played decidedly well against the Internationals, Wells and Leake, but their passing was, at times, painfully erratic. They will both, no doubt, improve with experience. Of the three-quarters, Rae and Alexander played a good defensive game; but the whole quartette showed a lack of resource in attack. Muriel was safe at full back. Team:—

GUY'S.—G. B. Muriel (full-back); F. L. Rae, F. D. S. Jackson, K. B. Alexander and F. Sime (three-quarters); R. Mathias and F. C. Wetherell (half-backs); W. Tyson, C. R. Nicholson, E. G. Goddard, P. A. Dykes, W. P. Gwynn, H. G. Rashleigh, H. V. Bagshawe and F. G. Gibson (forwards).

GUY'S v. ROSSLYN PARK.

This match was played at Honor Oak Park, on Saturday, 25th, in most unpropitious weather. Rain had fallen all the morning and lasted throughout the game, rendering the ground very heavy and difficult to play on. Play was delayed somewhat owing to the non-appearance of a Rosslyn man, and they eventually had to play one short. Alexander having lost the toss, our opponents determined to play with the wind, and during the first half defended the pavilion goal. Goddard kicked off for us and the ball was returned well, and play settled down near the centre of the ground. A lot of scrum work followed which soon made the ball most difficult to hold, and appeals for "forward" were of frequent occurrence. Our forwards made several good rushes, which took the ball well into Rosslyn territory, but they eventually relieved without our scoring, and the ball was carried up to Guy's goal. Rosslyn received a free kick on an appeal for "off-side," and an attempt at a place goal was made, but the kick was a miserable failure.

At half-time the teams changed over, neither side having scored. A new ball had to be resorted to on the

renewal of play, but soon got as greasy as the first. Both goals were visited in turn, but neither side scored a point, though at one time it looked as if we should cross the enemy's line, but the bad state of the ball caused some fumbling, and they managed to relieve the pressure. Rosslyn, towards the end of the game, received another penalty kick, for an appeal for a doubtful off-side, near our goal, but the kick was even worse than the first one. Eventually the game ended in a draw, neither side scoring. Team:—

GUY'S.—G. B. Muriel (back); F. Sime, H. N. Clarke, K. B. Alexander, F. L. Rae (three-quarter backs); R. Mathias, F. Wetherell (half-backs); W. Tyson, E. G. Goddard, P. A. Dykes, W. P. Gwynn, F. G. Gibson, H. G. Rashleigh, C. R. Nicholson (forwards).

GUY'S v. MIDDLESEX.

The weather was beautifully fine for the above match at Richmond, on Wednesday last, the 29th instant. Guy's lost the toss, and at 3.15 Goddard kicked off for Guy's, who faced the sun and wind. The kick was followed up and the return charged down, the first scrum being formed in Middlesex twenty-five. The ball was, however, quickly carried to within a few yards of our line by the Middlesex forwards, but a good punt by Alexander relieved. Some good passing between Clarke, Alexander and Wetherell carried the play into Middlesex twenty-five. This effort was neutralised by some good dribbling by our opponents, who pressed us considerably for some time: Wetherell relieved the pressure by a splendid dribble into their twenty-five. A series of scrums ensued in mid-field, and up to half-time play was of a give-and-take character, no point having been registered by either side.

The second half was a repetition of the first, till Guy's forwards rushed the ball into the Middlesex twenty-five. Here Mathias gave a long pass to Alexander, who dropped a beautiful goal from the twenty-five line, amidst great cheering from the Guy's supporters. After this, Middlesex played very determinedly, and pressed us severely. Relief was at length brought, and the ball was gradually worked back to neutral territory. When time was called the score showed—

GUY'S ... ... 1 dropped goal.
MIDDLESEX ... Nil.

REMARKS.—Muriel, at back, played a very sound game. The passing of the three-quarters was very uncertain, and several good opportunities of scoring were thus lost. The halves do not yet work well together; the winging of the opposing forwards also seemed to embarrass them. The forwards at times played well, but, on the whole, lacked dash. They are still very weak out of touch, and the heeling out was erratic, and often very slow. To sum up, if Guy's is to compete in the later rounds of the Cup ties, every member of the team must get thoroughly fit, and there must be no slacking off during any portion of the game. Team:—

GUY'S.—G. B. Muriel (back); F. L. Rae, K. B. Alexander, H. N. Clarke, F. Sime (three-quarter backs); R. Mathias, F. E. Wetherell (half-backs); E. G. Goddard, P. A. Dykes, W. P. Gwynn, H. G. Rashleigh, F. G. Gibson, H. V. Bagshawe, P. D. Hunter, W. Tyson (forwards).

GUY'S 2ND XV. v. ST. BART'S 2ND XV.

This match was played at Winchmore Hill, on Saturday, January 18th, and ended in a win for Guy's by one goal one try to nil. Play commenced with Guy's playing three forwards short, but soon two forwards turned up, and after a quarter of an hour the third appeared. Nothing was scored up to half-time.

In the second half, Guy's showed their superiority in all departments of the field, Gardiner in particular playing a fine game. He was the first to score, after a splendid dribble, half the length of the field; the place kick failed. From a scrum near their line, Walling dodged over near the posts; the place kick this time being successful. This ended the scoring, although Guy's were near scoring several times before the close.

The forwards played a hard game, but their heeling out was not as clean as usual. The halves played very well, especially Gardiner, his defence being very fine. Of the three-quarter backs, Kinsey-Morgan showed the best form. Team:—

GUY'S.—J. Dadd (back); A. C. Ransford, Kinsey-Morgan, Norman Williams, and T. Morgan (three-quarter backs); J. N. Gardiner and H. W. Walling (half-backs); E. Cohen, M. D. Wood, E. Rowe, H. D. Foster, H. Bignold, F. S. Batchelor, H. W. Fox and G. Shorland (forwards).

GUY'S 2ND XV. v. BROCKLEY.

This match was played at Lee on Saturday, January 25th, and ended in a win for Guy's by one goal (five points) to nil.

It was entirely a forwards' game, owing to the sodden nature of the ground. Playing down this gradient in the first half, the game was fairly even, our forwards not having got together, although we had, if anything, slightly the better of the game. Nothing was scored up to half-time.

During the second half, our forwards played a magnificent game, and were nearly scoring on several occasions. Brockley were hardly out of their twenty-five during the whole of this half. Kinsey-Morgan scored from a loose rush, which was converted. The forwards played a magnificent game, and they ought to beat every pack that will meet them to the end of the season. Gardiner played a splendid game, as also did Walling. The three-quarters and full backs had little to do except some tackling, which they did very well. Team:—

GUY'S.—H. D. Foster (back); F. D. Jackson, K. Morgan, H. Barrow, T. Morgan (three-quarter backs); J. Gardiner, H. Walling (half-backs); P. D. Hunter, M. D. Wood, H. Traill, E. Cohen, E. R. Rowe, N. Williams, F. S. Batchelor, H. H. Bignold (forwards).

Marriage.

MARSHALL—JAMES.—On January 15th, at St. Stephen's, Redditch, Worcestershire, by the Rev. Canon Newton, Vicar, assisted by the Rev. R. Hall, M.A., William Laurence Wright Marshall, of Huddersfield, to Catherine Elsie, youngest daughter of C. B. James, Esq., J.P., of Oaklands, Redditch.

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Guy's Hospital Gazette.

FEBRUARY 15, 1896.

The Plan of Campaign.

WE have before us the powerful and dignified appeal which has been issued in connection with the forthcoming Festival Dinner, and upon which the claim of the Hospital to public support is based. Inasmuch as the document will shortly be in the hands of most of our readers, we need not refer to its contents in detail further than to note that it crystallises the efforts for sustentation into a scheme for re-endowment at one magnificent attempt. In other words, the authorities are taking the bold step of asking for five hundred thousand pounds for investment, and all sums forthcoming for the Dinner Fund will go towards this end; in fact, it is felt that the whole amount might just as well be obtained by one great effort now, as through a long series of appeals. We congratulate those responsible for the finances of Guy's upon having come to this decision. Firstly, because the simplest justice and necessities of the case demand that when Guy's Hospital needs support, that support should be forthcoming promptly. Secondly, because to ask for such a sum as five hundred thousand pounds will appeal far more forcibly to the popular imagination, will cause the public to more truly appreciate the vastness of the enterprise carried on within these walls, and therefore awaken a more generous response than would a request for a more modest amount. Thirdly, because, the capital sum once obtained, much thought and work, at present diverted by the struggle for existence, will be restored to progressive purposes.

So much for the aim; its accomplishment presents a stupendous task, but one that may well arouse the devoted service not only of every single individual having ties to the place, but of those outside, whose sense of public responsibility and love for humanity will at once see that in rescuing a proved institution like Guy's Hospital from the partial annihilation with which it is threatened, they are attaining "through their contributions a maximum of good." We hear with profound satisfaction that distinguished support will be accorded to His Royal Highness the Prince of Wales, who we have authority for saying is deeply interested in the success of the Festival. Every practicable step is being taken to arouse the active and personal interest of influential and wealthy members of the public, which is the greatest and most difficult work of all, in these days of the multiplication of duties and pleasures. In another column are published letters from Dr. Samuel Wilks and the Residents to past and present Students respectively, well calculated to set two powerful movements on foot. Doubtless, the Staff are maturing their plans, and it is of especial interest to note that the Officers and Servants of the Hospital, as stated at their recent gathering, will contribute annually to the support of at least one bed in the Wards. This is what we like to see, for if Guy's people display to the world their belief in the Hospital and readiness to succour it, then we may depend that others will be converted to a like faith and action.

No better occupation for spare minutes or hours during the next two months could be found than the advocacy of this cause. A successful issue of the effort now being made will be a lasting source of gratification to those who share in it, an immediate blessing to thousands of poor sufferers, and a great advantage to the medical school. By every means in our power we would encourage the Hospital authorities to persevere in their set and determined purpose, not only to avoid the closing of more beds, but to open the hundred beds already closed. Recent experiences have shown that nothing appeals more strongly to the public mind than the bare statement of the fact that "every day thoroughly deserving cases relievable by hospital treatment have to be refused admission." And yet, there stand those hundred empty beds like grim skeletons in the otherwise bare wards. It is a cruel, a shameful, loss of noble opportunities, a reproach to humanity which will not be allowed to endure if the scene can be burnt into the popular consciousness. The campaign will be a short one. We appeal to everyone whom these words may reach so to use their opportunities between now and May, as to make it a decisive triumph for the cause which every true Guy's man has very near at heart.

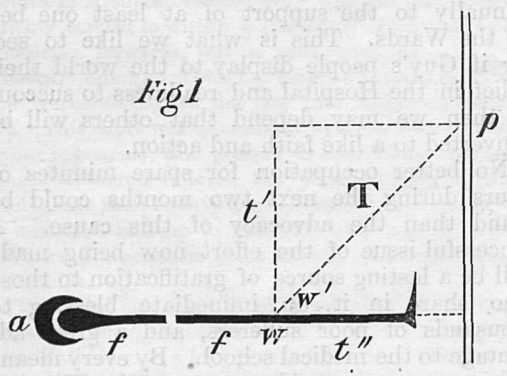
Fractures of the Lower Limb.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

DELIVERED ON MONDAY, JANUARY 13TH, 1896.

GENTLEMEN,—I have now to show you how the five requirements mentioned in my last lecture, essential for the perfect management of a fractured thigh, can best be fulfilled. Of the methods of extension hitherto considered, that by weight is the best, but it fails in the variability of the friction in the extension, due to many causes, and the impossibility at all times of keeping the fracture absolutely immobile. That which I now describe, and which I mentioned before as the plan devised by Dr. Hodgen five-and-twenty years ago, fulfils all requirements, and, in my opinion, is the simplest, and at the same time best possible manner, since it combines posture with extension. I first give you some theoretical considerations.

Fig 1



In the diagram before you let f be the lower extremity—femur and leg in one; and a the acetabulum, in which f is free to move in a frictionless manner; for if this is not so, the case is not one suitable for this treatment. And let me here remind you of what I have already said, viz., that, given a fractured thigh and a normal hip-joint, on the lower extremity being swung, movement will occur more readily at the ball-and-socket joint than at the fracture. This is not theory, but a matter of observation. Let T be a cord attached to a fixed point *(p)* at such a height above the leg and beyond the plane of the sole of the foot that at its point of attachment to the bone at w (say one-third the distance between the fracture and the foot) it makes with the horizontal an angle of 45°, $= w'$. Let the tension on T be such that it raises the limb off the bed. Resolve T into its components, vertical and horizontal, t' and t''; then, since the angle w' is 45°, on completing the parallelogram of forces, we have a square, and $t' = t''$. Now, since the body of the patient is heavier than any force we need exert to extend the limb, it becomes the fixed point against which we pull —*i.e.*, the counter-extension—and we could, of course, pull T to any degree of tension short of pulling the patient from the bed. Now, the amount of tension or pull in T must clearly not exceed double the weight of the limb below the fracture, since if it did, whilst we might not have too much force in t'' for extension, we should certainly have too much in t' (since $t' = t''$, and we are supposing that $t' + t''$ is more than twice the weight of the limb), and t' being more than the weight of the limb, it would lift it off the bed altogether.

If, therefore, we desire that t'' should exceed t', in order to get the requisite degree of extension, we can only do it by lowering the point p until the angle w' becomes less than 45° (say 30°), and then the ratio of the pull in t'' to the supporting force in t' will be as $\sqrt{3} : 1$.

Similarly, if for any reason we desire to decrease t'' and increase t', we must enlarge the angle w' by raising the point p; and if we make $w' = 60°$, then the extension $t'' : t'$ as $1 : \sqrt{3}$; and so on for any other variation in the inclination to the horizon of the cord T.

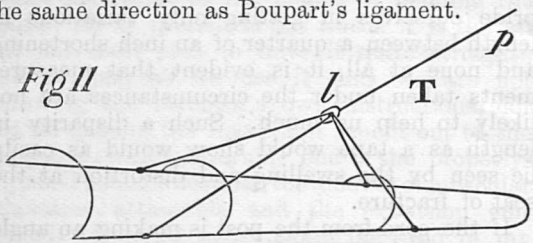
But it may happen that we are dealing with a limb so light that we fail by merely altering the angle w' to get tension enough in t'' without getting so much at the same time in t' as to lift the leg right off the bed, and so we must meet this difficulty by adding a weight to the limb—as by putting a piece of lead upon it, a line of practice first adopted in our wards by Mr. Davies-Colley. Whilst, lastly, if the patient is so small that the requisite tension in T to "set" the fracture will pull the patient bodily down, we must add to his body's weight, or what is the same thing, we must take means to tie him to the bed post—a use for the perineal band, as I mentioned in my last lecture.

So much for theory, now for practice:—

Fasten an upright pole or support to the foot of the patient's bed, in a line with the injured limb, and extending about four feet above the bed level, and near the top let there be a firm hook or fixed cleat to fasten the cord to for the purpose of extending the limb.

The splint or trough is made of stout iron wire or fine iron rod; it must be quite rigid, and is in the form of the letter U, the outer limb reaching from the anterior iliac spine to three

inches below the instep; the inner, from the tendon of the adductor longus to the same point below the foot, where the two bars join to form the bottom of the U, and are about three inches apart. The sides are not parallel, but taper together from above downwards, so that at any point of the limb the bars are about three-quarters of an inch further apart than the diameter of the limb at that point. At the upper end the two bars are joined on their upper side by an arch of the same wire; and at two other points equi-distant down the splint. At the part which will correspond to the knee the splint is bent to an angle of about 130° if the fracture is in the middle; more or less if it is supra-condyloid; and much more if just below the trochanter minor. The inner limb of the splint it will be seen is rather shorter than the outer; and so the top arch that unites them is obliquely situated and lies over and in the same direction as Poupart's ligament.



(Splint is here shewn straight.)

Before applying the splint a stirrup must be attached to the limb in the usual way, into which is inserted, below the sole, a small piece of wood, having a short piece of stout cord attached to it; the piece of wood being also wide enough to take off any pressure of the stirrup from the sides of the foot. As in other forms of extension, the stirrup should be carried as high as possible up the limb, and if composed of webbing will stretch less than the brown holland or ordinary strapping.

A strip of house-flannel, or bandage material, must now be provided, about seven inches in width, and be cut up into lengths rather longer than the circumference of the limb opposite the point at which each will be attached. They are applied in the following manner:—The injured limb being raised, slip beneath it the various lengths of flannel, in succession, so that each shall lie at right angles to the limb, on the bed, and overlap the strips above and below; the highest is at the gluteal fold and the lowest at the ankle, and the leg on now being put down on the bed lies on a succession of flannel lengths.

The splint is then adjusted on either side of the limb, so that the top of the outer bar is against the anterior superior iliac spine, and that of the inner against the origin of the adductor longus muscle; the bottom of the splint is supported below, but on a level with the instep. Thus arranged, it will be seen that the bar on either side is nearly on a level with the front of the thigh and leg, whilst the arches of wire that unite them are about one and a half inches above the limb.

The inner and outer ends of the various strips of flannel are now raised in succession, and being lapped over the bar are pinned or stitched there; and when this has been done the limb is lying in a flannel trough, the top edge of which is the wire on each side, and it is of such a depth that the limb only just projects above its edge. It is most important that this relative position of the trough and limb should be maintained, otherwise when the limb comes to be slung on the slant the top arch of wire will press upon Poupart's ligament, whereas it should be free of it by quite an inch; and further, the more the limb is enveloped by the flannel the greater the friction between the two, an important item, as will be presently seen.

The short cord already mentioned as attached to the stirrup is now securely tied to the end of the wire splint, and the upright post before described is put in position, if this has not already been done.

Now, in describing the action of the splint, I spoke as if only one cord came from the upright post to the limb, but in practice this would not, for obvious reasons, be feasible; we therefore have to employ the following modification, which has special advantages, but does not vitiate the principle upon which the apparatus works.

Attach to the outside bar, midway between the top and the knee and midway between the knee and foot respectively (*vide* Fig. 2) the two ends of a piece of stout cord—(there are usually hooks soldered on for the purpose)—of such length that if the finger were put into the loop thus formed it would, if lifted, hold the cord some six or eight inches above the limb; do the same on the inner side, and into the two loops thus formed and brought together over the limb (*l*, Fig. 2), slip the end of the cord from the upright post, and tie it in a loop that can slide on the two cords which come from the splint.

On now making the single cord from the post taut, the limb will be lifted from the bed in an oblique position until the foot rides free from the bed some ten inches or more, and the uppermost of the flannel strips that is against the gluteal fold is just clear of the bed.

So far, however, no steps have been taken to get the cord to make the angle with the horizon that is required according to the exigencies of the case, and following the principles laid down in the theory of action already described. This can be brought about in various ways. We can either have on the upright post a series of hooks or fixed cleats, so that the single cord can be heightened and lowered, and thus the angle it makes with the limb increased or decreased; or we can slide the loop at its end, and which encircles the two pieces of cord attached to the splint, forwards or backwards, until the required angle is obtained, and then fasten the loop at the required spot by whipping a piece of string or tape round it. In practice it is well to be able to do both; and to render the angular adjustment still more fine, we sometimes, besides slipping the two cords that come from the splint into that that comes from the post, put into each piece of the cord from each side of the splint, above and below where it is looped into the cord from the post, a running cleat—four cleats in all—and thus to a nicety adjust the lengths of the several parts of the two splint cords, and so vary the angle, and with it the suspension or extension of the limb as required. This, however, was not the original plan of Hodgen; he employed the second method given. I think the first and second combined are to be preferred.

If everything has been properly carried out, the limb should be swinging freely in its trough, and such extension should be exerted, and in such a direction that the fracture of the femur is perfectly adapted, and all fear of movement at the fracture removed, since the limb now swings easily and freely at the hip-joint.

You will now naturally ask, how do you know when the traction you have made by pulling the single cord taut is sufficient; it might be too much or too little, how can you tell? I wish I could answer as readily as you can ask the question. The answer, however, is really one derived from experience, and is best thus made.

Inasmuch as legs vary in weight, and inasmuch as a still more unknown quantity is the muscle tension of the patient (depending largely as it does upon the varying irritation of the fracture inducing it reflexly), it is obvious that even if we inserted a spring gauge into the cord we should be none the wiser; for if it showed ten or twenty pounds, we should still not know whether it were enough or too much for that particular case; we can only judge by the comfort of the patient, and the feel of the parts at the seat of fracture, as we do in any other form of "extension." Doubtless we are likely to overdo rather than underdo the extension, since if the extension were too slight, we should expect the patient to complain more of pain, of grating of the fracture, and of "jumpings" or spasm, and the limit to our overdoing the extension so as to keep the bones unduly apart (were that possible) is provided for us, in our daily experience of the stirrup slipping down from the strapping giving on the leg.* In practice, however, the surgeon always feels the tightness of the short cord between the stirrup and splint; it is an exact measure of the extending force, and should feel strained like a harp string.

It is possible to check our work of measuring the length of the leg by placing the sound limb in the position of the injured one and then measuring; but since with Hodgen's splint we pride ourselves in getting only variations in length between a quarter of an inch shortening and none at all, it is evident that measurements taken under the circumstances are not likely to help us much. Such a disparity in length as a tape would show would as easily be seen by the swelling and distortion at the seat of fracture.

If the cord from the post is making an angle of 45° or more with the horizon, our tension cannot (for reasons before given) exceed twice the weight of the limb. If we make the angle less than 45° (which is not usual) then whilst we might be employing a greater degree of extension, it would, in an adult, I am sure be unnecessary, and it would quickly be counteracted by the stretching and slipping of the stirrup.

We are engaged just now in Cornelius in endeavouring to devise a non-slipping stirrup; and I think that a suggestion of Mr. Clapham, my dresser, moulded into a reality by the engineering skill of Mr. Stanley Turner, will in due course take the form of a workable appliance. In spite of the "safety-valve" action of the stirrup made of strapping, I am sure that both my dressers and I would gladly be without it, so that one putting up of the fracture might last the full period of six weeks.

I think you will now see clearly how this splint works. The only attachment to the limb,

* Mr. Davies-Colley informs me that he has measured the tension in the cord by means of a form of dynamometer, and that in one case in which he recollects measuring the extending force directly in the cord below the sole of the foot; it amounted to twelve pounds. I should desire to add here that we owe the use of the Hodgen splint at Guy's to Mr. Davies-Colley, who introduced it, early in the seventies, from the Seaman's Hospital.

whereby it is extended, is the stirrup, for the cord pulls on the splint, and the splint on the stirrup, aided by the friction of the flannel trough against the limb; and this is increased, and the comfort of the patient at the same time considered, by bending the splint at the knee, a point on which Dr. Hodgen himself strongly insisted.

On the various fractures of the thigh—at either end or the middle—I do not enter. The same principle applies in all, and the same apparatus is used in all; the variations in each consisting in varying somewhat the direction and degree of the extending force, and the degree of bending of the splint at the knee; and in the case of fracture at the trochanter minor, bending it till it approaches the form of the old doubly-inclined plane.

Let me revert to the matter of bending the splint; for at present in our wards it is the all but universal plan to have it quite straight; and as long as we use it thus we are not following the inventor's own instructions, nor are we getting the maximum benefit out of the appliance, which desirable end is the properly-adjusted balance between the amount of muscular relaxation attainable and the extension employed. I would insist again (as I did in my last lecture) most strongly on this, that muscular relaxation is of the first importance in bone-setting; that the pull or extension you exert comes second only; that those fractures are best adapted or set where the most complete relaxation of the muscles acting on them can be obtained; and that there is nothing contradictory in theory or practice between muscular relaxation and passive extension being combined. Flex the thigh on the abdomen, and the leg on the thigh, and the flexors and extensors of the knee are in the most relaxed state in which we can place them, and now put on what extending force is deemed necessary and you will get the maximum of extension with the least expenditure of force—a statement that is not true when the limb is kept straight on the bed (as with weight extension), and only half true if a Hodgen is employed, with the knee straight instead of flexed.

In summarising the main advantages of the Hodgen, I should state as follows:—

1. The limb is placed in the position of maximal muscular relaxation, being flexed at hip and knee.

2. The limb swings freely from the hip, so nursing requirements and reasonable movements of the patient do not affect the fracture.

3. The extension is efficient and continuous, and variable to any extent, and is applied at the moment when the muscles are least able to oppose it, viz., at their greatest relaxation; hence, too, less extending force is required.

4. The apparatus can be adjusted for every form of fractured thigh.

5. The fracture is uniformly and well supported, and all extension tells, as there is no friction to diminish it.

6. In children the limb can be weighted, and the trunk made secure from slipping down by a perineal band attached to the bed head.

7. The final shortening, if any, is unlikely to exceed a quarter of an inch; in some cases no shortening whatever is recorded.

My introduction to this subject of Hodgen's splint was a case of fractured femur in Cornelius, part of the report of which (by Mr. Landon) I have already given you. You still can see the patient in bed, as this is only the fourth week since his accident, and you can judge for yourselves whether the splint appears to be doing all that it is credited with being able to do, and you will find on feeling the site of fracture that there is no immoderate amount of callus, which, were it present, would argue maladaptation. But you must not think, unfortunately, that this perfection is maintained without constant attention—Mr. Hancock, the dresser, knows this to his cost, for more than once has the stirrup slipped, and so the limb has had to be lowered for its readjustment; but this accident is common to all continued extensions, and you can judge that it is happening by the gradual relaxation of the cord between the stirrup and the splint, and by the fact of the topmost cross-bar or arch slipping down lower than the crease of the groin. A certain degree of slipping can be compensated for by retightening the cord, but when the topmost strips that compose the trough have slipped down more than two or three inches, the support of the fracture is becoming endangered and there is nothing to be done but to reapply the stirrup entirely, lowering the limb on to the bed for the time being. In this particular case the stretching of the stirrup has occurred in spite of its being composed of three layers of webbing between alternating layers of strapping; yet I think you will agree that Mr. Hancock has done all that could have been done to save his patient all possible after interference.*

The stirrup further was carried above the knee, as it always should be if possible; yet

* At the time of revising the proof of this lecture I am glad to record that the patient is up on crutches, and that there is no shortening of the limb whatever.

if it cannot be so, you should be the more particular to have the splint bent at the knee that there may be greater friction between the trough and the limb; since, as I have explained, the pull is exerted first on the trough and through it only on the limb, hence the rough flannel of the trough, by its friction against the limb, helps to relieve the strain on the stirrup, and hence also a great reason for having a deep trough and not a very shallow one (as is often done), *on* which rather than *in* which the leg lies. Hodgen originally recommended the trough to be made of linen strips, and when the limb had settled down comfortably—about the third day—that it should be well stiffened with gum and chalk, the trough thus becoming a rigid and accurate mould of the limb. I have never done this, but I can quite see that it might aid in preventing the slipping down of the splint, though Hodgen's own reason for stiffening the linen was merely to make it the more comfortable and well-fitting.

The length of time the limb has to be kept up is the same as with other forms of fracture apparatus; but the quieter the union can be kept the shorter the time after the usual term of 42 days.

Lately we had in Accident, a flabby stout man—a cabman—with fractured thigh. He was treated in a Hodgen. At the end of the time of probation—six weeks—we removed it, but found though his union was good—very good—in point of position, it was not quite firm; so again we applied the extension until the union was quite sound, and he walked out without any shortening. My reason for introducing this case is to remind you that a union, only just completed, unless *quite* firm, must not be left merely in sandbags to solidify a little more, for the action of the muscles will quickly mould the young union and produce distortion, generally a slight bowing, and unless the union is perfect, the full apparatus should be again applied, so that *full* extension and the relaxed position are maintained.

I think I have now touched on all the salient points in connection with this method of treating fractures of the thigh, and I trust I have helped you to understand the rationale of the treatment, so that you may in the future be able to take a greater interest in thigh cases than has, in my opinion, been possible for some time, since the practice of putting up a "Hodgen" has for years been largely a rule of thumb one, handed down as a tradition from generation to generation of Guy's dressers, by their immediate predecessors.

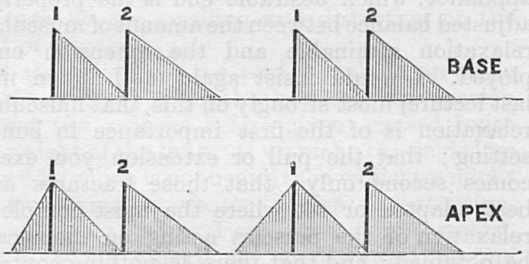
Presystolic Murmurs.

CLINICAL LECTURE BY DR. W. HALE-WHITE.

Gentlemen,—During the past week we have had five cases in the Clinical Wards, each of which has had a presystolic murmur, so we cannot do better than go over the cause of this sound.

Case 1.—A waterside labourer, æt. 30, was admitted for severe paroxysmal pain in the arms, he had been a soldier and had had syphilis. He was a powerful, pale man, his cardiac dulness and the position of the heart's apex were normal; on the right side at the base of the heart there were typical to and fro aortic murmurs. At the apex of the heart we heard a presystolic murmur, followed by a systolic murmur. His pulse was characteristic of aortic disease, and there were no backward signs. There was no doubt about the disease of his aortic valves, the chief question was, what is the cause of his presystolic murmur?

Case 1.



Presystolic murmurs may be due to:—

1. Constriction of the mitral orifice subsequent to endocarditis of the valve. The valve becomes thickened and the orifice gradually becomes constricted, with the result that the blood forced through the constricted orifice by the auricle or sucked through it by the expansion of the ventricle, causes a diastolic murmur; usually (probably when produced by contraction of the auricle) this murmur runs up to the first sound and is a typical presystolic murmur. Now endocarditis may be due in the first place to rheumatic fever, and this especially affects the mitral valve, and is no doubt, if the previous history of all cases could be accurately traced, the commonest cause of mitral constriction. Syphilis and severe strain are the cause of chronic inflammatory changes of cardiac valves, but these causes affect almost exclusively the aortic valves.

2. There is a variety of presystolic murmur known as Flint's murmur, which is heard in patients who have aortic regurgitation, it is both in position and character so like the presystolic murmur due to constrictive mitral endocarditis that it is generally allowed to be produced at the mitral orifice, although after death no disease of this orifice is found. Two views have been put forward to explain this murmur: one supposes that the extreme dilatation of the ventricle due to the aortic regurgitation prevents the mitral flaps from falling against the ventricular wall, and so produces a relative narrowing between the auricle and the dilated ventricle. The second view supposes that the blood regurgitating through the aortic orifice and impinging on the aortic flap of the mitral valve prevents this from falling back against the wall of the ventricle, and so in this way there is a relative narrowing of the auriculo-ventricular orifice.

3. A murmur quite indistinguishable from the presystolic murmur due to constrictive endocarditis of the mitral valve may be caused by an adherent pericardium. As was pointed out by Dr. Fisher, this is especially common in children, and a large number of children who are supposed during life to be suffering from constrictive endocarditis of their mitral valves are found at the post-mortem examination to have healthy valves, but an adherent pericardium; perhaps the adhesions of the pericardium in some way prevent the expansion of the mitral orifice as the child grows older, while the auricles and ventricles grow larger, and hence there is a relative constriction of the orifice. In all these three varieties of presystolic murmur, a presystolic thrill may be present. We have recently had an excellent example of a presystolic murmur due to an adherent pericardium. A little girl who had had rheumatic fever was admitted with a very dilated heart, over which a regurgitant mitral murmur could be heard, and also a murmur quite indistinguishable from that due to constrictive endocarditis of the mitral valve. Some days it was presystolic, on others early diastolic. As she had systolic retraction of her chest wall, we knew that she had an adherent pericardium, and therefore recognising that this might be the cause of the murmur, sometimes presystolic and at others diastolic, we hesitated to diagnose constrictive mitral endocarditis. She died, and we found an adherent pericardium, but there was no constriction of the mitral orifice.

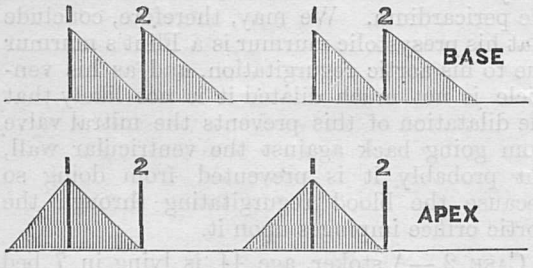
To go back to the cause of the presystolic murmur in our patient. Syphilis and strain are common causes in men of aortic disease, but rheumatic fever is much the most common cause of mitral disease; therefore, as this man has had syphilis, and has followed a laborious occupation, these two factors are almost certainly the cause of his aortic disease, but as he has not had rheumatic fever, the chances are against his having endocarditis of the mitral valve as well as of the aortic. It will be noticed that it follows from this reasoning, that chronic endocarditis of the aortic valve is not so commonly associated with endocarditis of the mitral valve as might on first thought be supposed. Another reason for thinking that this man has not got endocarditis of his mitral valve, producing a presystolic murmur, is that this is comparatively rare in men as contrasted with women. The third reason is that his pulse is typical of aortic disease, but if a person with aortic disease has any endocarditis of his mitral valve, the retardation of blood in the auricle, due to this disease, often detracts considerably from the aortic character of the pulse. Then again, if the presystolic murmur were due to endocarditis of his mitral valve, he would probably have some signs of backward pressure, such as an accentuated pulmonary second sound, some cardiac affection of the lungs, dilatation of the right side of the heart, a tricuspid murmur, a hyperæmic liver, lividity, albuminuria or œdema, but the patient has none of these. Lastly, the severe angina-like pain with which this patient is afflicted, is not very commonly seen in mitral disease. For all these reasons it appears unlikely that in this patient the presystolic murmur is due to any endocarditis of the mitral valve.

We do not think it probable that it is due to an adherent pericardium, for that is a rare cause for a presystolic murmur in adults, and this man has never had rheumatic fever, which is by far the commonest cause of adhesion of the pericardium. We may, therefore, conclude that his presystolic murmur is a Flint's murmur due to his aortic regurgitation, and as his ventricle is not much dilated it is not likely that the dilatation of this prevents the mitral valve from going back against the ventricular wall, but probably it is prevented from doing so because the blood regurgitating through the aortic orifice impinges upon it.

Case 2.—A stoker, age 44, is lying in 7 bed in John Ward. He came in for dyspnœa and swelling of the feet; he had rheumatic fever in 1875, and again in 1892. When we first saw him he had a typical to-and-fro aortic murmur

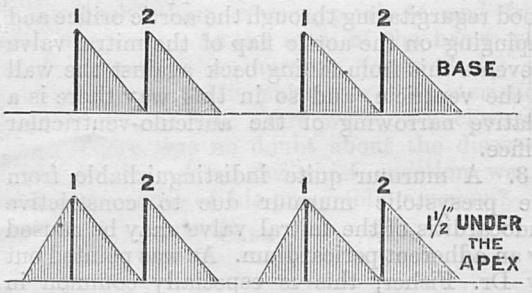
at the base, a systolic murmur at the apex which was sometimes heard to be preceded by a presystolic murmur; he is very livid, his pulse is soft and not aortic in character, he has a tricuspid murmur and a pulsating liver, albuminuria, and œdema of the feet. The systolic murmur heard at the apex is a different sound from that heard at the base, and it is conducted into the axilla. This murmur, together with the severe backward signs and the history of rheumatic fever, make it almost certain that his mitral orifice is not merely dilated as the result of the general cardiac dilatation following upon the aortic disease, but point almost certainly to his having actual rheumatic endocarditis not only of his aortic, but also of his mitral valve. Bearing these facts in mind, when we first saw him we naturally concluded that this endocarditis of the mitral valve had constricted it, and that this constriction was giving rise to a presystolic murmur. But when we found his old report, we learnt that although he had had mitral regurgitation for nearly twenty years, a presystolic murmur had never before been heard; this makes it almost certain that the presystolic murmur is not due to constrictive endocarditis of the mitral orifice, because this is hardly ever known to follow upon a murmur indicative of regurgitation through it. This is indeed what you would expect, for if the first effect of mitral endocarditis is to permit regurgitation through the orifice, this very regurgitation will prevent constriction of it. Therefore the most probable view of this case is that his occasional presystolic murmur is a Flint's murmur due to his aortic regurgitation, although, as he has had rheumatic fever and is not doing well, it is quite possible that he may have likewise an adherent pericardium.

CASE 2.



CASE 3.—A man, aged 21, who has probably had rheumatic fever, was admitted into John about ten days ago. Lately he had been short of breath, had had much sharp cutting pain in the left side, and general œdema. On admission he was very anæmic, his pulse was typical of aortic disease, he had much cough with no expectoration, and great nervous distress. The impulse of the heart was an inch outside the nipple; at the base we heard typical to-and-fro aortic murmurs; at the apex we heard a systolic murmur conducted well into the axilla, and preceded by a short presystolic murmur. The aortic diastolic murmur also could be heard at the apex, where there was a presystolic thrill; the liver was large, and he had albuminuria.

CASE 3.

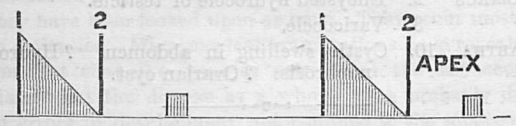


Now, in this case, as in the others, it is clear from the presystolic murmur and the thrill that the mitral orifice is constricted, and as in the others, the question arises whether this is due to endocarditis of the valve, aortic regurgitation, or an adherent pericardium. You will see, as this man has probably had rheumatic fever and has now aortic disease, it is not an easy question to decide which of the above causes is responsible for his presystolic murmur. I do not think an adherent pericardium is likely, because that cause for a presystolic murmur exists chiefly in children. He has done so badly under treatment and has been so very ill, that as he has had rheumatic fever, I rather incline to the view that he has rheumatic endocarditis, not only of his aortic, but also of his mitral valve, and that the affection of this valve allows regurgitation through it and has caused constriction of it, and hence his apical systolic and presystolic murmurs, especially as this way of looking at the case is supported by the marked backward signs. He died last night and here is his heart; we will now open it to see if the diagnosis is correct. You will notice that the pericardium is not adherent. I open the aortic orifice; you can see the well-marked disease of the valves; not only are they puckered and thickened, but there is a large

vegetation growing from one of them. The mitral orifice is, you can see, thickened and constricted by chronic endocarditis, which has also shortened the chordæ tendineæ, so that the valves cannot float together, and hence the regurgitation through the orifice. You will see by the water-marking on the lining membrane of the ventricle that the aortic regurgitant stream fell on the ventricular wall rather than on the mitral valve.

CASE 4.—A little girl, age 7, is in Miriam ward, she has often complained of pain in the joints and limbs, and has many rheumatic nodules about her knees, much palpitation and shortness of breath, and at the apex of the heart which is just outside the nipple, we can hear a systolic murmur conducted down to the apex and a mid-diastolic murmur in front of it. This cannot be a Flint's murmur, as the child has not got aortic disease. Therefore it must be due either to rheumatic mitral endocarditis or an adherent pericardium; in favour of the former view we have the child's sex, for presystolic murmurs due to mitral endocarditis are especially common in little girls, and we have no signs of an adherent pericardium, such for instance as systolic retraction of the apex beat of the heart, although this is not worth much, for in order for it to be present the pleura must be adherent over the pericardium.

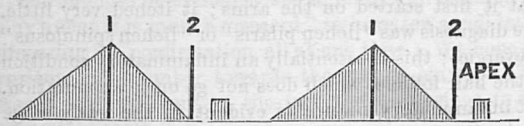
CASE 4.



CASE 5.—A little girl, age 11, has had rheumatic fever three times and chorea once, she is in the bed next to the last case, and excepting that she has severe backward signs and two diastolic murmurs, one presystolic and the other early diastolic, her case exactly resembles the last, and it is quite an open question whether her diastolic murmurs are due to an adherent pericardium or mitral endocarditis.

Probably in both cases the diastolic murmurs are caused by endocarditis, for that is commoner than an adherent pericardium.

CASE 5.



Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY	1.	Aortic and mitral disease.
	8, 42.	Aortic and mitral regurgitation.
	21.	Mitral stenosis and regurgitation. Hypertrophied right ventricle.
	26.	Mitral stenosis.
	31.	Ulcerative endocarditis.
	34.	Aneurysm of thoracic aorta. Aortic regurgitation.
PHILIP	11.	? Pernicious anæmia.
	25, 36, 37.	Mitral stenosis and regurgitation.
	38.	Mitral regurgitation.
STEPHEN	33.	Thoracic aneurysm.

Nervous System.

MARY	6.	Right hemiplegia and aphasia. Cerebral embolism.
	13.	Epilepsy.
	45, 46.	Chorea.
PHILIP	9, 26, 31.	Chorea.
	13.	Post-diphtheritic paralysis.
	18.	Sciatica.
	27.	Neuritis. ? Gummata.
STEPHEN	2.	Right hemiplegia and aphasia.
	8.	Right hemiplegia.
	27.	Pachymeningitis.
	32.	Spastic paraplegia.

Alimentary System and Abdomen.

MARY	3.	? Peritonitis. Appendicitis.
	10.	Gastritis.
	14, 35.	Gastric Ulcer.
	20.	Tympanites. Constipation.
	23.	Abdominal pain.
	32.	Dilated stomach. Pyloric obstruction.
	33.	Abdominal tumour.
	40.	Chronic gastritis.
	41.	Abdominal abscess. ? Sub-diaphragmatic.
	49.	Abdominal pain. Plumbism.
PHILIP	24.	Ascites. Carcinoma of stomach.
	33.	Carcinoma of liver.
	35.	Appendicitis.
STEPHEN	3.	Jaundice. Enlarged liver and spleen.
	6.	Carcinoma of liver.

Typhoid Fever.

MARY	2, 4, 7, 16, 18, 38, 47.
STEPHEN	23, 26, 39.

Respiratory System.

MARY	12, 50.	Phthisis.
	19.	Pleuritic effusion.
	Cot 55.	Broncho-pneumonia.

Philip	4.	? Subdiaphragmatic pleurisy.
	12.	Chronic bronchitis. Cyanosis.
	15.	Pleurisy, with effusion.
	17.	Phthisis.
	19.	Pleurisy.
	23.	Acute bronchitis.
	29.	Mediastinal growth. Lymphadenoma.
Stephen	5.	Hæmoptysis.
	9, 12.	Bronchitis.
	20, 23, 31.	Phthisis.
	28.	Pleurisy.

Genito-Urinary System.

Mary	5.	Acute nephritis.
	39.	Phosphaturia. ? Calculus.
	43.	Tuberculous kidneys.
Philip	3, 7, 34, 39.	Acute nephritis.
	8.	Diabetes mellitus.
	16.	Chronic nephritis.
	28.	Chronic tubal nephritis.
Stephen	25.	Chronic tubal nephritis.
	37.	Subacute nephritis. Hæmophilia.
	38.	Diabetes mellitus.

Miscellaneous.

Mary	22.	Osteo-arthritis.
Philip	1.	Gout.
	32.	Mycosis fungoides.
	40.	Gonorrhœal arthritis.
Stephen	7.	Lymphadenoma.
	16.	Pemphigus.
	35.	Psoriasis.

Acute Rheumatism

Mary	8, 9, 17, 25, 44.	
Philip	5, 6, 22.	
Stephen	4.	

In the Surgical Wards.

Cases under Mr. Howse.

Accident	2.	Pott's fracture.
	12.	Fractured patella.
Naaman	2.	Cleft soft palate.
	10.	Subcoracoid dislocation of head of humerus, seven weeks old; failure to reduce.
	20.	Carcinoma recti. Inguinal colotomy.

Cases under Mr. Davies-Colley.

Lydia	7.	Carcinoma recti.
	19.	Tuberculous elbow-joint.
	Cot.	Hemiatrophy of tongue.

Cases under Mr. Lucas.

Charity	1.	Strangulated umbilical hernia.
	3.	Sacro-iliac disease.
	23.	Recurrent sarcomatous glands in groin, secondary to melanotic sarcoma removed from abdominal wall.
Job	1, 2, 3, 5, 6, 7.	Six cases of anthrax admitted since January 31st.
	19.	Cleft palate.

Cases under Mr. Golding-Bird.

Lazarus	10.	Epithelioma linguæ.
	15.	? Stone in bladder. Narrowing of orifice of urethra.
	17.	Varicose veins.
	19.	Hip-joint disease. Gluteal abscess.
	21.	Varicocele. Double reducible inguinal hernia.
Martha	17.	Vaginitis. Rectal abscess.
	18.	Greenstick fracture of tibia.
	22.	Fractured neck of femur.
	Cot.	Strangulated inguinal hernia.
Accident	1.	Fractured patella.
	13.	Pott's fracture. Dislocation of shoulder.
	32.	Fractured tibia and fibula.

Cases under Mr. Jacobson.

Naaman	22.	Suppurating hæmatocele. Castration.
Dorcas	1.	Compound palmar ganglion, tuberculous. Erasion.

Cases under Mr. Symonds.

Luke	16.	Caries of ribs.
	17.	Epithelioma of cheek.

Case under Mr. Lane.

Dorcas	5.	Mastitis. ? Tuberculous, simulating scirrhus.

Cases under Mr. Dunn.

Lazarus	2.	Encysted hydrocele of testicle.
	3.	Varicocele.
Martha	10.	Cystic swelling in abdomen. ? Hydronephrosis. ? Ovarian cyst.

At the Skin Out-patients.

The following cases which have recently been seen at Skin Out-patients, are worthy of being recorded:—

Case I.—On February 4th, a boy aged 14 years presented himself for treatment. When stripped, he displayed a remarkable condition; like a powerful argument, he bristled with points.

On the front and sides of the neck, over the shoulders and arms, and over the axillæ, on the abdomen and in the groins, and also on the buttocks, back and interscapular region, there were an innumerable number of very small papules, from the summits of which there stood out bristles, about one-eighth of an inch in length.

Patient stated that he had had it for six months, and that it first started on the arms; it itched very little. The diagnosis was "lichen pilaris" or "lichen spinulosus" (Devergie); this is essentially an inflammatory condition of the hair follicle, which does not go on to suppuration. Its inflammatory nature is evident in the early stage of the life-history of these papules from the fact that

the bristles are situated on a red and vascular base. As the lesions get older, the colour dies away, and you have simply a spiny peg on a pale papule, and when first seen in this condition, it will be difficult to diagnose from another condition of the hair-follicles, viz., keratosis pilaris, which is not inflammatory, but congenital, and very frequently seen on the outer sides of arms and thighs of labouring men. The bristles are the remains of the hairs, altered by the inflammation in the sac. The treatment adopted in this case was painting with salicylic collodion.

Case II.—On February 11th, a woman brought her daughter, aged eleven years, to the skin department. She stated that when the child was three years of age a red spot appeared on either cheek, and that these spots gradually spread until the face assumed its present appearance, which it did three years ago. Her appearance now is a very striking one. The bridge and sides of the nose, and the adjacent portions of the cheek, and the upper lip are covered by a large number of brown papules of various sizes. Those nearest the alæ of the nose are pin-head in size, whilst those near the internal canthus are much larger. On either cheek are numerous small, thickly-set telangiectases. On the sides of the neck are some soft, tag-like fibromata; whilst on the right side of forehead and left gluteal region, and also in lumbar region, are some large, flat, brownish, raised patches, oval in shape. The diagnosis is adenoma sebaceum. This is a rare disease, a very small number of cases having been recorded. One other has been seen at Guy's during the past ten years. The growths are either congenital, or appear very early in life, and are associated with vascular dilatations on the face. Indeed, they have been looked upon as nævi. They occur mostly in epileptics. Microscopical examinations have revealed the fact that the papules arise from the sebaceous glands, but the disease as a whole being probably due to errors in development, not confined to the sebaceous glands, but affecting the blood-vessels, the corium, and probably the hair follicles and sweat-glands. Surgical treatment has proved of some value in several of the published cases. E. C.

Chapel News.

Contributed by the Chaplain.

The Violet Kalmuc for which we begged some weeks ago has been forthcoming. We cordially thank Mr. T. Wells Hubbard, of Barming Place, Maidstone, for his prompt and generous response to our appeal.

The changes of *personnel* are so many and so rapid at Guy's that it is quite a "record" to have ten candidates preparing for confirmation all at one time. We hope to present that number towards the end of March. The reason why we mention the fact will be obvious to all prayerful people.

The preachers at the special Tuesday Services this Lent will be:—

February 25th and March 3rd—The Rev. H. L. Ogle, S. John's, Lewisham High Road, S.E.

March 10th & 17th—The Rev. G. W. Gent, Principal of S. Mark's College, Chelsea, and Rural Dean of Chelsea; late tutor at Keble College, Oxford.

March 24th—The Rev. Canon R. H. Morris, Vicar of S. Gabriel's, Warwick Square; late Chaplain to the Duke of Westminster, at Eaton Hall.

Following the precedent of last year, the Chaplain will give a series of addresses, at 8.15 p.m. each evening of Holy Week, except on the Saturday. The subject will be "The seven last words" and the order of service will be that which is usual at the "Three Hours." No one service will last more than half-an-hour. In this way the Chaplain hopes to be able to meet in some small measure the needs of any resident at the Hospital whose work will not permit attendance at the "Three Hours" on Good Friday.

We should like to see Guy's represented at some of the Special Lenten Services for Medical Students which Canon Paget, Vicar of S. Pancras, is going to conduct in the Chapel of S. Bartholomew's Hospital on the Wednesdays of Lent (except in Holy Week) at 4.45 p.m.

Correspondence.

To the Editor of Guy's Hospital Gazette.

In the "Charity."

CONTINUOUS CONTRACTION OF THE UTERUS v. TETANUS OR TRISMUS UTERI.

Dear Mr. Editor,—Please allow me a few lines to point out that there is no essential difference between the views of my old friend and colleague, Dr. Roper, and myself on this subject. We both admit the nature, danger and treatment of these cases, and the little attention given them in text-books. We both admit the condition may arise in any stage of labour from various causes. Dr. Roper would place those which come in the early stage of labour in a separate, or somewhat separate, class, and those supervening in the later stages, when the pains are well developed, in another class; whilst I have always considered them, and still do consider them, as one class. In my lecture on Dystocia, alluded to in my last letter, I make the following remarks:—"Bear in mind this fact, that by whatever cause the fœtus may be detained when labour has once fairly set in, certain symptoms will arise which, if unrelieved by nature or art, will go on from bad to worse, till they end fatally." After describing these symptoms, I proceed:—"But to assist you in being alive to this danger, you must bear in mind the differences in the pains in the several stages of

labour. If, while the fœtus was wholly held in the uterus—for instance, by a rigid os—you were to wait for the arrival of forcing pains before you thought it proper to assist, you would be waiting for that which will never arrive, whilst slowly, but surely, the patient drifts on to danger." From this it will be seen that I recognise the condition as possibly commencing very early. The cases I quoted were given as a sample of the typical cases, but I have seen them commence from a rigid os, very tough membranes, placenta prævia, which was the condition in the majority of Dr. Roper's cases. If Dr. Roper wishes to emphasize the insidious approach of these early cases as well as the difficulty of dealing with them, then I am quite in agreement with him, but I cannot agree to place them in a separate class, because this would tend to confuse rather than clear our minds as to their real nature.—Yours, etc.,

J. BRAXTON HICKS.

Yet another Warning.

SIR,—Following on the example of Dr. Wilkinson, in your last issue, I send particulars of an attempted (I hope in all cases) fraudulent appeal for money to several—and I have no doubt others from whom I have not heard—of my old contemporaries and colleagues, in my name. Fortunately, two of the letters were immediately forwarded to me, and I am glad to say that I hear from the Scotland Yard authorities that one "Frederick Evans" has been discovered to be the miscreant, and is in custody on remand to the 14th instant at the Marlborough Street Police Court. I shall endeavour, if possible, to see what my "representative" is like, and trust he will get sufficient time to meditate over his misdeeds to prevent their recurrence.

One of the letters was detected as a fraud by my name being spelt "Cruikshank," and being sent to a contemporary whom I knew very slightly. I hope he is one and the same person who has been annoying several old Guy's men, and so to have these annoying epistles put a stop to. The following is the wording of the letters sent:—

"45, Mortimer Street,
"London, W.,
"February 4th, 1896.

"My dear ——, I am in a bit of a hole for want of a little ready cash, and I am going to trespass on our old friendship by asking you to lend me a few pounds by return of post, to make up a sum which I must pay on Thursday or Friday morning at latest. My practice at Chingford is in the market, and I will remit it to you in a week or two, and you will lay me under an eternal obligation. I know, my dear fellow, that I can rely on your sympathy. I will write more fully when I hear from you.

"I am, my dear ——, faithfully yours,
"JOHN DAVID CRUIKSHANK.

"Please, as I am pressed for time, send it in an easily negotiable form.—J. D. C."

I trust he will get it in an "easily negotiable form." By inserting above you will clear me in the sight of my old colleagues, who may have received these communications, and greatly oblige yours faithfully,

JOHN D. CRUICKSHANK.

The Lodge,
Chingford, Essex.

The Association XI.

DEAR SIR,—A phrase in one of the football reports in your last issue, referring to the play of one of the members of the Soccer team, calls I think for a word of remonstrance. All who have read the report will know to what I refer. Whoever your reporter was, I must say—and I know for a certainty that many others think with me—that it is, to say the least of it, very bad taste to stigmatise a man's play as disgracing his team and Hospital. It is not as if the player referred to had never represented the Hospital before that match, but after having kept his place and rendered good service all through the season, to be slated in the way your reporter has done, is I think distinctly rough on the man, and hardly the way to make fellows keen on playing for the Hospital. If such were said of me, I know I should think twice before playing again. No one knows better than the man himself when he has played badly, and to give him away to everyone in such a manner is quite unnecessary. I must apologise for the length of this epistle, but I feel somewhat strongly on the matter.—Yours, etc. HALF.

The "Idlers'" Match.

SIR,—May I, as an old playing member of the Guy's team, enter my protest through your pages, against the method of reporting matches. Supposing a man does play badly, all are at times "off colour," it is neither sportsmanlike or good form to stigmatise him as a disgrace to the team. But supposing he did play badly, then why choose him again? Here the disgrace would seem to be that of those responsible for the team. Criticism certainly in reason, but let us have fair play and sportsmanlike behaviour.—Yours truly,

A.

Appointments.

ATKIN, CHAS., F.R.C.S. Eng., has been appointed Surgeon to the Sheffield General Infirmary.

HIGGS, W. A., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Castlecombe Sanitary District of the Chippenham Union.

PYE-SMITH, R. J., F.R.C.S. Eng., L.R.C.P. Lond., has been appointed Lecturer on Surgery at the Sheffield Medical School, *vice* Arthur Jackson, M.R.C.S. Eng., deceased.

A Buried Temporary Molar.

IN December, a lady, æt. 29, consulted me about an alveolar abscess on the right side of her lower jaw, the cause of which I only discovered by chance. The usual symptoms of acute abscess were present, and the swelling of the face was very noticeable. Within the mouth one could see, between the cheek and the first lower molar, an abscess, which discharged foul pus on pressure. The lower teeth were translucent, free from caries, and devoid of the discoloration which is likely to ensue upon death of the tooth-pulp. The second bicuspid was missing, and the crown of the first molar had tilted forward until it met the first bicuspid. In this way the space normally occupied by the second bicuspid was quite obliterated. Appearances favoured the assumption that the crown of the missing bicuspid had been lost from caries many years ago, and that its root remained buried between the contiguous teeth. The diagnosis was strengthened by the fact that a similar abscess had formed in the same position six years previously, and had recurred two years ago, when I incised it. I advised the extraction of the first molar, for I thought there must be a stump or small sequestrum buried beneath it, but the patient was unwilling to lose the tooth, especially as she did not remember ever having a decayed tooth in that position. Palliative measures were tried, but on December 26th, in response to an urgent request, I removed the molar under nitrous oxide. The tooth had a living pulp, and the roots were free from visible pathological changes.

Next day the crown of the second temporary molar was removed by the patient from the site of the operation. The crown of the tooth was well formed, but the roots had been entirely absorbed, leaving the eroded surface which is commonly found in the milk teeth during dentition. The abscess gradually subsided, but the patient was scarcely gratified by the assurance that there was still one more tooth buried, viz., the second bicuspid, which is almost invariably developed beneath the second temporary molar. I gently probed the socket in search of the bicuspid, but failed to discover it.

There is just a chance that the second bicuspid may even yet erupt and take its proper position in the arch, for this occurred in the case of an adult relation of mine after the extraction of a permanent molar. On the other hand, unerupted teeth may lead to dentigerous cyst, necrosis of bone, or malignant growth; but whilst many teeth, notably wisdom teeth, upper lateral incisors, upper canines, and second bicuspids fail to erupt, serious results are rare.

As age advances, the missing teeth may be revealed by recession of the alveolar process and gum, and patients may think that in their old age they are erupting a third set of teeth.

A buried temporary molar may easily be mistaken for an odontome. A few years ago I saw a case of which the model is in the dental museum (No. 134), where inflamed gum and granulation tissue covered a hard mass situated in the floor of the mouth between the side of the tongue and the lower jaw. The use of a metal probe detected the presence of enamel, and an odontome was suspected. The gum over the mass was repressed by packing, and the crown of a temporary molar came into view and was removed.

F. NEWLAND-PEDLEY.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

J. R. A., SHERBORNE.—The liver shows the usual structure of multilobular cirrhosis, the roughened condition of the surface being due to contraction of the fibrous tissue. The other organs are changed in association with the hepatic cirrhosis.

W. A. E. W., RUGBY.—After twenty-four hours' incubation on blood-serum, the resulting growth proved to be a pure culture of streptococci, arranged in long chains. No Klebs-Löffler bacilli could be detected.

G. E., HYDE PARK.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of a pure culture of streptococci. No Klebs-Löffler bacilli could be detected.

W. A. B., BOGNOR.—Tubercle bacilli are present in fair numbers.

A. M. D., KINGSTON.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli, associated with some staphylococci.

H. W., NOTTINGHAM.—The breast shows much diffuse induration, and many small cysts scattered through its substance. The largest cyst is smooth-walled, and there is no evidence of malignant disease around it, or in other parts of the gland.

PATHOLOGIST.

Pass List.

Preliminary Scientific (M.B.) Examination, January, 1896.

CHEMISTRY AND EXPERIMENTAL PHYSICS.

Gibson, F. G.
Hammond, J. A. B.
Kennard, A. D. E.
Matthews, T. A.
Savatard, L. C. A.
Smith, F. M. V.
Trubshaw, K. V.

BIOLOGY.

Beattie, F. A.
Churchill, G. B. F.
Evans, G.
Forsyth, D.
Lacey, H. K.
Morgan, D. L.
Pearson, A.
Tattersall, H.
Wetherell, F. C.

Final Conjoint Examination, January, 1896.

MEDICINE, SURGERY AND MIDWIFERY.

*Bell, H. T. S.
*Howell, J.
*Jackson, T. L.
*Pike, N. H.

MEDICINE AND SURGERY.

*Hunter, C. H.

MEDICINE AND MIDWIFERY.

Coventry, C.
*Mathison, A. J.
Plummer, W. E.
Proctor-Sims, F. R.

SURGERY AND MIDWIFERY.

Flory, C. H.
Foster, J. J.
*Parfitt, J. B.
Robertson, J.
Stanton, T. W.

MEDICINE ONLY.

*Bensted, L.
*Bird, J. W.
*Chapman, A. V.
*Culmer, J. J.
*Daly, N.
Finch, A. H.
Ham, B. B.
Hedden, R.
*Nicholson, T. M.
*Reed, J. C. G.
Tulk-Hart, T. J. A.
Worger, R. G.

SURGERY ONLY.

*Alexander, H.
*Butler, A. G.
Cloud, F. H. L.
*Dolman, A. J.
Fisk, E.
*Gwynn, W. P.
Hardy, F. H.
Hills, W. E.
*Izard, H. E.
*Lulham, E. P. H.
Mathias, R.
*Rowland, F. W.
*Watson, C. E. S.

MIDWIFERY ONLY.

Delbruck, R. E.
Brown, R. T.
Garner, W. L.
Graham, H. W.
*Graham, S. G.
Hancock, W. I.
*Moon, R. O.
Peatson, J. C. S.
Ponsonby, J.
*Poole, T. B.
Reynolds, L. G.
Smith, M. Hamblin.
*Spon, H. J.
Thomas, E. R.
Trevor, A. H.

*Denotes completion of examination.

Harry James Spon.

THE subject of our portrait to-day first saw the light at Lee, in Kent, in 1870, and having been educated privately at the Haberdashers Company's School at Hatcham, where he took a prominent part in swimming and athletics, he entered Guy's as a Preliminary Scientific student in 1881. In 1893 he passed the Inter. M.B., and last month completed the examination of the Conjoint Board, and so gained the diploma of M.R.C.S., L.R.C.P. While in the wards here he held all the ordinary appointments, and was besides for three months dresser in the Throat Department.

In athletic and social circles he shone in many and varied capacities, having captained the 2nd XV. during the unbeaten season of 1891–92, gaining his "Footer" Blue in 1892–3 as three-quarter back, representing Guy's in the running path in 1893, and at water polo in 1893 and 1894. As a public person he held many offices, having been first honorary secretary of the United Hospitals' Boxing Club in 1893, honorary assistant secretary of the Students Club during the past two years, and at one time or another served on the GAZETTE and Debating Society, and the Athletic, Swimming, Football, and Students Clubs' Committees. Moreover, he held the post of editor of the GUY'S HOSPITAL GAZETTE during 1894–95, and played a leading part in the Nigger Troupes of the last three years. He now leaves us for another sphere as Medical Officer to the Expedition under the auspices of the British West Charterland, Limited, sailing from Southampton on the 22nd inst., for N'gamiland, South Africa, in the "Tantallon Castle."

Known to everyone at Guy's as a popular and prominent figure, he will be much missed, and his place not easily filled. We can prophecy for "Harry" Spon a prosperous and happy career, for this is ensured him by his genuine good nature, painstaking industry, and a constant adherence to the old maxim, "Whatsoever thy hand findeth to do, do it with all thy might."

Passim.

The Festival Dinner in May promises to be a gigantic and unprecedented success, as is evidenced by the following list of names of those gentlemen who have promised to support H.R.H. the Prince of Wales as stewards on that fateful occasion :—The Duke of Fife, the Earl of Durham, the Earl of Dudley, Lord Hillingdon, Lord Aldenham, Lord Tweedmouth, Lord Wandsworth, Lord Egerton of Tatton, Hon. W. F. D. Smith, Sir David Baird, Sir Arthur Arnold and Sir Horace Farquhar.

The Second Round of the Rugby Cup Ties is now well on the way to completion, for on Tuesday last St. Thomas's inflicted a heavy defeat on University College, and on Thursday, St. George's gained the verdict over St. Mary's by the narrow margin of a try, and Westminster have scratched to King's College. Now, as we write, the all-absorbing topic of conversation at Guy's, is to-morrow's (Friday) match with St. Bart.'s, and many have been the discussions during the past few days as to our prospects of victory. [As we go to press (Friday night) we hear that the Bart.'s match ended in a disastrous defeat for us by four goals (one dropped) (19 points) to one try (3 points).

The Association Team deserve the congratulations of everyone for the plucky fight they made in their two recent Cup Ties v. St. Mary's and Ewell, and condolences for the adverse circumstances which, in each case, made their defeat easier than it otherwise would have been.

Everyone will hear with regret of Mr. H. A. Higgens' accident in the Ewell match; he is now undergoing an enforced rest in Accident, and we learn that the broken leg is progressing as well as can be expected.

We willingly draw attention to the Rules and Arrangements of the Guy's Hospital Ladies' Association, which we reproduce in part on another page. The objects of the Society are surely sufficient recommendation in themselves, and the admirable list of efficient and willing officers ensures a good result and satisfaction to all who help the ends of this charitable effort. We trust, therefore, that many ladies interested in our work at Guy's will join this Association, and so ensure success to this institution, which promises to carry out in a just and competent manner a work which has till now only been inadequately performed by individual efforts—discounted not infrequently by misplaced confidences.

It is a great pleasure to us to present to our readers so good a portrait of Mr. Spon, who is even now saying his adieus, or rather *au révoirs*, to those amongst whom he has played and worked for the last seven years, and there could be no better occasion than the present on which to reiterate and amplify the remarks called forth by his retirement last August from the editorship of this Journal. For what the Gazette—and therefore, indirectly, everyone at Guy's—owes to the late Editor, no one can justly know except ourselves, who had the work in hand before him and now take it up again. Mr. Spon leaves behind him many friends, few—we had almost said no—enemies; for we are sure there is no one amongst us now who has more truly earned the title of "a thoroughly good fellow." Mr. Spon asks us to convey to all his friends his thanks for and appreciation of the many kind sentiments accorded him on the present occasion, and assures us that his regret at leaving his old Alma Mater can only be felt and not expressed.

On Wednesday last Dr. Newton Pitt delivered the Hunterian Oration before the Hunterian Society, his subject being, "John Hunter and some of his contemporaries."

Everyone was glad to notice the return of Dr. J. H. Bryant to his duties as Medical Registrar last week; he has entirely recovered from the axillary abscess following a post-mortem wound, and looks all the better for the enforced idleness and three weeks' holiday which its treatment demanded.

The Debating Society Committee have arranged the annual Ladies' Night for Saturday, February 29th, and on that occasion Mr. Fortescue-Brickdale will propose—"That it is not, under all circumstances, either expedient or justifiable to speak the truth." A strong opposition is being arranged. All friends of members are cordially invited. The debate will begin at 7.30. Tea and coffee will be served in the Dining Hall, after the debate.

On Saturday, the 22nd inst., the Inter-Hospital Cross Country Championship is down

for decision, over the ten miles course at Chingford. Anyone wishing to be present should catch the 2.32 from Liverpool Street. It is to be hoped that Mr. H. A. Munro will be in his usual grand form, and be ably supported by his comrades, for that should ensure the cup remaining in the same quarters which have held it for the past four years.

We hear that during the year 1895 twelve shillings and a penny found their way into the collecting boxes in the Out-patient Room; also that last week £5 5s. 1d. was received in coppers in the same department in response to personal appeals for the poverty of our grand institution.

The Birks-Garland Cot, the endowment of which we spoke of in these columns a month ago, has now been set up, duly ornamented with a dedication tablet, in Dr. Hale White's division of Mary.

We—and all right-thinking Guyites are with us—were exceedingly glad to receive Dr. Cruickshank's letter, telling us of the discovery of the perpetrator of the fraudulent attempts to extract money from various old Guy's men, under the assumed cloak of former friendships; and we sincerely trust with Dr. Cruickshank that he may get what he requires "in an easily negotiable form." A long term of punishment should act as a deterrent to similar miscreants in the future. *En passant* we glean from the St. Bart.'s Journal that they just now are suffering from the annoyance of a similar pest.

All those who last month passed outside the portals of the mansions of the Conjoint Board without the only-too-well-known pink paper, receive our hearty congratulations—their number, as seen from an accompanying list, was large, and we notice that on that occasion 26 Guy's men became duly qualified.

We have in another column briefly noticed the fact that a Smoking Concert is to be held to-night, but even such a slight comment seems superfluous to attract the attention of all men now about the Hospital, as for many days past the brilliant and artistic posters of Mr. Stanley Cock have engrained this fact upon the public mind. In his latest efforts Mr. Cock has been caught in quite his happiest mood and certainly shows no signs of staleness after an excessively heavy winter's work in the same line. His caricatures of two well-known and easily-recognised figures about the Hospital as a Volunteer Trilby and "Pooh-bah" respectively are quite in his best style, in fact the former is so lifelike and so quaintly depicted, that a rumour has got abroad that an action for libel was impending on its account.

Yet even Mr. Cock cannot please everyone, for we received a letter the other day, the writer of which begged us "to get an artist to draw for the Gazette." Were not Mr. Cock's reputation now on so strong a foundation we should have hesitated to reprint so puny a slight, but under the present circumstances the writer fails entirely to touch our artist, and only demands for himself the pity due to his blissful ignorance.

It is always interesting to notice the attitude of the *St. George's Gazette*, and their last issue brought us news showing us that our sense of humour was not as highly developed as we hoped, for we learn that the *St. George's Gazette* has never aimed at competition with the *Lancet* or *British Medical Journal*, but has set as its pattern *Punch*, without the pictures. And oh, to think of it—we never noticed it!

The *Evening News* gave the following interesting details of the *six* cases of anthrax recently admitted into Job, to its readers some few nights ago:—"The outbreak of anthrax has at present some uncertainty, though it seems pretty nearly certain that the patients are suffering from this dangerous disease. The five men in the Hospital have been taken there one after another during the past fortnight from one of the wharves in Bermondsey, but there has not been a fresh case since Monday, and the firm by whom the men were employed are hopeful of having now effectually prevented the spreading of the disease. . . . Since the cases were received in the Hospital, however, there have been developments into which the physician in charge reports he should make certain investigations before stating definitely more than that the disease has peculiarities differing in important respects to the conditions of previous cases dealt with at Guy's a few years back."

The following are the most important fixtures to be borne in mind during the next fortnight:—

To-night.—Smoking Concert in the Club Smoking Room.

Feb. 15th.—1st XV. v. Kensington, at Wormwood Scrubbs.
2nd XV. v. Preston Park, at Brighton
1st XI. v. Old Wilsonians.
2nd XI. v. Norsemen, at Honor Oak Park.
Monday, Wednesday, and Friday, February 17th, 19th and 21st, Arris and Gale Lectures, Royal College of Surgeons, by Dr. Starling.
Feb. 19th.—2nd XI. v. St. Bartholomew's Hospital.
" 22nd.—1st XI. v. Ewell (Replayed Surrey Cup Tie).
2nd XV. v. Brockley, at Honor Oak Park.
2nd XI. v. Old Cranleighans.
7.30 p.m. Physical Society. Paper by Mr. W. Ramsden.
" 26th.—1.30. Sustentation Fund meeting in Anatomical Theatre.
" 29th.—*Ladies' Evening* at the Debating Society.

Cross Country Running.

UNITED HOSPITALS v. OXFORD UNIVERSITY.

On Saturday, February 8th, the United Hospitals' team travelled to Oxford, and met the University representatives on the 7¾ mile home course. The Hospitals were unfortunate in missing the services of A. G. Butler (St. Mary's) and R. Balderston (Guy's), while the University were without their captain, W. H. Whitelaw, who is running on the track this term, and Turner, who has hurt his knee.

The Oxford course begins with half-a-mile and ends with a mile of level road, and is conspicuous for Shotover Hill, which occurs in the third mile, and for about a mile of ploughed field towards the end. The course throughout was in excellent condition, and the weather, wind and scenery all that could be desired.

Three hares left the "University Arms," Cowley Road, at 3.30, and the pack some twenty minutes later. Munro at once took the lead, with Watson and Fremantle close up, but on turning off the road across the golf-links, while Munro forged ahead, Baker and Sadler took up the next places, and before reaching the foot of Shotover, Bevers and Sadler were in the second and third places, closely followed by Baker, Nunn, Watson, Fremantle and Manning. Munro disappeared beyond the horizon —"though lost to sight, to memory dear," as the *Sunday Times* expressed it—and was not again conspicuous until he was sighted from the winning-post, finishing, in accordance with the true "Munro" doctrine, in 42 min. 44 sec., which, if pressed, he should without difficulty have converted into a "record" time. Bevers and Sadler continued to lead, and Baker made a gallant fight up Shotover and along the ridge with Nunn and Manning, the latter of whom eventually came in fourth. Baker finished fifth, with Nunn half-a-minute behind him, followed at half-a-minute's distance by Watson, Fremantle a quarter-minute later, P. G. Mould (of St. Mary's) a minute later still, while the fifth Oxford man came in eleventh. Five a side only counted. Oxford won by least points—25 to 30.

	Mins.	Secs.
1. H. A. Munro (Guy's)	42	44⅘
2. E. C. Bevers (St. John's) ...	45	48
3. W. D. Sadler (Oriel)	45	58
4. T. Manning (New College) ...	46	34
5. W. L. Baker (Guy's)	46	40
6. H. Nunn (Magdalen)	47	20
7. C. F. Watson (Guy's)	48	5
8. F. E. Fremantle (Guy's) ...	48	21
9. P. G. Mould (St. Mary's) ...	49	22
A. F. Page (Bart.'s)	49	45
10. G. Attenborough (University) ...	50	9

Also ran—F. G. Chandler (University College Hospital) and S. J. Ormond (Guy's).

We are glad to hear that Bevers is hoping to come up to Guy's next October.

[This was received too late for inclusion in its proper place in the pages devoted to Sport.—Ed.]

Sustentation Fund.

We have received the following letters for publication: a copy of the former is being sent to each old Guy's man, while the Residents are circulating the second amongst the present Students:—

My Dear Sir,—I write to you as an old Guy's man to remind you of the Festival Dinner, which will be held during the month of May, 1896, in aid of the funds of Guy's Hospital, on which occasion H.R.H. the Prince of Wales will preside.

It is earnestly hoped that by the above date a considerable portion of the £500,000, the sum required for the effectual re-endowment of the Hospital, will have been collected for presentation to His Royal Highness.

It is proposed that several separate lists of subscribers shall be made for presentation by different individuals, and it is arranged that I shall present the donations which have been obtained through the influence of Guy's men. A large amount has already been collected under this head, and I feel confident that the project has only to be made widely known to our old students to ensure from them a fitting tribute to the estimation in which they hold the noble charity with which they have been connected.

If each one would undertake to obtain at least £25, a satisfactory amount would be reached. I send you a collecting book, in which can be inscribed the names of generous donors, feeling certain that some of your friends and patients will be very willing to aid you in this effort to reinstate so useful and indispensable an institution.

Kindly forward not later than April 30th, addressed to me at the Hospital, any subscriptions you may obtain. Any further copies of the appeal or other information will be gladly sent you on application to Mr. Wells.—I remain, yours faithfully,

SAMUEL WILKS.

72, Grosvenor Street,
Grosvenor Square, W.
February, 1896.

DEAR SIR,—As you may know, H.R.H. the Prince of Wales will preside in May next at a Festival Dinner in aid of the Re-endowment of Guy's Hospital. For this purpose a sum of £500,000 is required.

His Royal Highness is personally desirous that this should be the greatest Charity Dinner on record, and it has been decided that, as far as possible, all subscriptions shall be handed in on this occasion.

Now, we are convinced that all Students of the Hospital will be not only willing but anxious to join in this great effort, and that the best way to attain our object is to forward to you with this letter a copy of the appeal, and a collecting book to use according to your opportunities.

All sums so obtained must be paid to the Residents not later than May 1st, 1896, and we hope that in this way a substantial amount may be raised.

For the furtherance of this object, a meeting of all present Guy's men will be held in the Anatomical Theatre on Wednesday, February 26th, at 1.30 p.m., at which your presence is urgently requested.—We are, dear Sir, yours faithfully,

A. A. H. PARTRIDGE,
CHARLES H. BRYANT,
J. H. HORTON,
STANLEY COPLEY,
L. E. V. EVERY-CLAYTON,
B. A. RICHMOND,
ASTLEY V. CLARKE,
E. T. SHORLAND,
H. A. MOFFAT,
E. ERSKINE HENDERSON,
L. A. PARRY,
Residents of Guy's Hospital.

Guy's Hospital Ladies' Association.

PRESIDENT: Mrs. Randall Davidson. Executive Committee: Mrs. Charles Barclay, Mrs. Davies-Colley, Mrs. Fellowes, Miss Nott-Bower. Treasurer: Mrs. Pye-Smith, 48, Brook Street, W. Secretary: Mrs. Lauriston Shaw, 10, St. Thomas's Street, S.E.

The following are culled from the rules:—

2. The objects of the Association are—
   (*a*). To provide clothes to be lent or given to destitute patients on their convalescence or discharge from the Hospital.
   (*b*). To arrange for ladies to visit the patients in the wards, subject to the following rule:
   "The names of members willing to visit in the wards shall be submitted to, and approved by the Committee, who shall arrange with the Medical Superintendent the days and hours of the visits. The visiting is intended to be mainly of a friendly and social character, and visitors, in their conversation with patients, must not interfere in any way with their religious opinions, nor introduce religious topics of a controversial character."
   (*c*). To take up any other work in connection with the Hospital, which from time to time may commend itself to a general meeting of the Association.
3. There shall be two classes of members:
   (*a*). Honorary members, who shall pay an annual minimum subscription of half-a-guinea.
   (*b*). Working members, who shall pay an annual minimum subscription of half-a-crown, and who will be expected to take an active part in the work of the Association, either by visiting in the wards, attending the working-party, or undertaking to contribute at least two garments a year. Subscriptions shall become due on October 1st, and all members shall be entitled to vote at the general meetings.

GENERAL ARRANGEMENTS.

1. A working party will be held during the Winter on alternate Wednesdays from 4 to 6 o'clock, at the houses of members of the Association. The Secretary will be glad to receive the name of any lady willing to lend a room for this purpose.

2. The distribution of clothes will be in the hands of the Matron and Sisters of the Hospital. Great care will be exercised in this, and reference made where desirable to the Charity Organization Society.

3. The Secretary will be glad to receive gifts of old clothing, especially for men and boys, also flowers and fruit for the patients. It is suggested that members who purpose making garments at home, should communicate with the Secretary in order to ascertain what articles are most needed.

4. The names of ladies willing to visit in the wards should be sent in the first place to the Secretary.

5. No eatables of any kind, sweets included, are allowed to be given to patients, except through the Sister of the ward.

The following are the dates of the working parties during the remainder of the Winter, and the names of the ladies at whose houses they will be held.

February 19th.—Mrs. Symonds, 26, Weymouth Street, W.
March 4th.—Mrs. Goodhart, 25, Portland Place, W.
March 18th.—Mrs. Brailey, 11, Old Burlington Street, W.
April 1st.—Mrs. Lauriston Shaw, 10, St. Thomas's Street, S.E.

Headache: Causes and Treatment.

A Paper read before the Physical Society, on Saturday, January 25th, by Mr. Chas. T. Anderson.

Mr. President and Gentlemen,—Before proceeding with the consideration of the Causes and Treatment of Headache, I desire to express my deep sense of indebtedness for the honour conferred on me this evening. My own experience being naturally extremely limited, I need hardly apologise for the fact that this paper is but the retailing to you, of what I have culled from the experience of others well qualified to speak on the subject.

My reasons for choosing this subject are simply that headaches are so very frequently met with, either as a symptom or as a disease; that owing to its depressing and incapacitating effect on its victims, this pain is less patiently borne than any other; that there is a tendency on the part of most people to give but scant sympathy to those who suffer habitually from headache, because even if it means torture at the time, a fairly speedy recovery is assured with virtually no after effects; and lastly, that owing to the exigencies of our present day, the demand on the nervous system is greater now than ever before, and, therefore, nervous diseases, and chief amongst them, headaches, are increasingly more common.

It has been my misfortune to find that the subject I chose was a much larger one than I had thought, a very common experience no doubt. I shall, therefore, merely touch upon many of the points, laying particular stress on those only which appear to me most important, when looked at from the point of view of the general practitioner. One always treads on extremely dangerous ground when attempting to classify, especially so wide a range of causes as those of headache. The following, however, is the classification that best suits my treatment of the subject, due allowance being made for a certain amount of overlapping:—

A. Headache caused by organic disease of the skull, its coverings and contents.

B. The influence of the blood in the causation of headache.

C. Reflex headaches.

D. Headaches due to functional disease of the nervous system.

A. Headaches caused by organic disease of the skull, its coverings and contents.—It is very seldom indeed that any intracranial trouble has to be diagnosed by pain alone; other symptoms, such as motor disturbances, vertigo, vomiting, optic neuritis, or vaso-motor irregularities being sure to co-exist and point to the lesion. Dr. Hale White gives the following as a rule, with rare exceptions: "If a headache keeps the patient awake, it must be organic." He also points out that the nearer intracranial growths approach the surface and implicate the meninges, the more acute is the pain, and the greater is the chance of localising it.

This brings us to the interesting question of the actual site of the pain. Galen of old held that the skull and the brain substance were insensible, and that headache was due to the irritation of the meninges and pericranium. Many different theories have been held since, but to-day it is mainly believed that the old master was right, and the above remarks bear this out. This, however, is after all but a small part of the question. Gowers even says: "We know almost nothing of the structures in which the pain of headache is felt, or the mechanism of its production."

In his paper on the "Pathology of Headache," Dr. Newton Pitt states that although normally the brain, like the liver and spleen, is insensible, yet when inflammation is present, centripetal impulses may cause pain, just as in a diseased eye pain is added to the light resulting when the normal retina is stimulated. Pain being "the cry of impotence," is experienced when the nerve-cells are exhausted from any cause, the unstable cells discharging their stored energy on the least afferent impulse, such as would normally have had no such result. This, probably, constitutes what is known as a "nerve storm."

Dr. Head holds that many headaches with tender areas in the scalp are due to hyperæsthesia, reflected from disturbances within the brain. At any rate, it is clear that owing to the unyielding nature of the cranium, there is invariably headache with inflammation of neighbouring parts, due to pressure on the pericranium or dura mater, or both, and I may here remind you that at least two-thirds of the scalp anteriorly, pericranium and dura mater are all supplied by one nerve, viz., the important fifth.

Headache may be caused by injuries to the head, often most intractable; by undue tension on the hair, as in certain styles of head dress, or by the actual weight of the hair itself. Sebaceous cysts, by pressure, and pediculi, by irritation are frequently to blame, and the wearing of hard-rimmed and heavy hats has long been known to induce headache. Dr. Harry Campbell says of the top hat, that the only good of it is that it affords a small amount of protection from certain injuries. Jäger's epigram may well be quoted here: "The best covering for the head is no covering at all."

The treatment in these cases is obvious, having discovered the cause, remove it.

Cases cited always add to the interest of a subject, so here are two;—

I was present at a most interesting post-mortem made last October, on a subject whose main symptom during life had been persistent and very severe headache. She had had her breast removed two years previously for carcinoma. Besides many other centres of invasion all over the body, four tumours were found under the scalp, evidently commencing in the pericranium. The two smaller and later ones did not involve the bone, while the largest not only involved the whole thickness of the bone, but projected intra-cranially as a fungoid mass about half-an-inch in thickness, indenting the upper

surface of the left occipital lobe. There was no other intra-cranial lesion, and it was plain that the headache was due to the stretched membranes.

The other was a case in Mary, under Dr. Goodhart, last summer. The woman, aged 27, and excessively stout, had all the symptoms of cerebral tumour, with several ocular lesions, and very severe and continuous headache. It was noted that patients with cerebral tumours frequently put on much weight, and here was evidently a case in point. Unfortunately for the theory, on enquiring, we learnt that she had lost some twenty pounds since illness.

B. The influence of the blood in the causation of headaches.—The blood may be too abundant, either generally, as in plethora, or locally, when due to active or passive congestion. The headache caused by plethora is often met with in women who have reached the climacteric, and have lost the benefit of the menstrual drain. The symptoms are dull pain with weight and fulness, and the treatment clearly indicated is depletion.

Local congestion may be caused by any inflammatory state, or any cause which hinders the free venous return either momentarily as during a cough, or permanently as in mitral regurgitation. A friend of mine has a pain in the left temple every time he coughs. Can this be due to the fact that the veins on the left side are longer and more circuitous than the right, and so more easily obstructed?

All these headaches are aggravated by assuming the horizontal position. The reverse is the case in the next class we have to consider, viz., where the blood is defective either in quantity or quality. These anæmic headaches are due either to the starvation of the nerve cells, or to morbid effects of the impure blood, or both causes may be at work.

In these cases, the heart's impulse driving the blood into the somewhat relaxed vessels causes a marked throbbing which may cause the pain, and does at any rate accentuate it, by making impressions on the hypersensitive nerves (Treves).

We next have the blood acting as a carrier of different poisons absorbed, constituting toxæmia.

1. Toxæmia produced by absorption of substances from without the body, amongst which are the following:—

Opium.—The headache so commonly following the administration of Opium may be counteracted by adding Sod. Salicyl. to each dose.

Quinine.—The same effect may be produced here by dissolving the Quinine in Ac. Hydrobrom.

Alchohol.—This, as a source of headache, much depends on the idiosyncrasy of the individual. Dr. Alex. Haig explains it as follows:—"Most liquors being acid, the alkalinity of the blood is diminished, and the excretion of uric acid is retarded, and, of course, a corresponding storage takes place." Then with the return of the alkaline tide of the blood, the uric acid is re-absorbed, forming uric acidæmia, which I will endeavour to show later on, according to Haig's theory, is a very important factor in the causation of headaches.

Tobacco and many other drugs.

The vitiated air in hot and close rooms, as for instance, in crowded theatres or exhibitions, when the cause is a lowering of the acidity of the urine, and a corresponding increase of the alkalinity of the blood, and, therefore, uric acidæmia, due to increased action of the skin and defective oxygenation.

2. Toxæmia, which is due to failure in excreting or neutralizing certain substances normally formed in the body, or to excessive formation of these substances.

Dr. Hale White speaks of the popular bilious headache as being due to some poison formed by the perverted action of a diseased liver. Dr. Abernethy and his school were inclined to treat every headache with a blue pill and black draught, laying all down at the door of the much abused liver. To this day large doses of calomel are frequently exhibited, with remarkable results in cases of obstinate head pains.

Renal disease might well be discussed under the heading, Reflex Headaches, but for the existence of uræmia, the most prominent symptom perhaps of which is frontal headache. Hippocrates is responsible for the following: "Those who during fever have turbid urine, like that of oxen, either have or will have headache." While Sir W. Roberts affirms that few people with degenerated kidneys altogether escape it. According to Dr. H. Campbell the usual site of the pain is frontal in granular kidney, and occipital in acute nephritis.

I wish to draw your attention particularly to *uric acidæmia* as an important and frequent cause of headache.

Dr. Alex. Haig has I think proved that there is an intimate relation between uric acidæmia and epilepsy, migraine, gout, rheumatism and chorea, as causes of headache. For this reason I shall deal with these subjects under the present heading.

The proportion of uric acid to urea formed in the body is almost uniformly as 1 to 33. But owing to variations in the amounts stored in the liver, spleen, and joints, that proportion is not necessarily the same in excretion. Any cause that diminishes the alkalinity of the blood favours the storage of the uric acid, and diminishes the amount contained in the blood; and, of course, any cause increasing the alkalinity leads to re-absorption of the uric acid, and therefore usually some uric acidæmia.

Migraine, or sick headache.—If we are not ourselves troubled with this trying malady, we at least must, each of us, know of many cases where the lives of individuals are periodically rendered unbearable by it. The only comfort to be derived from its visitation is that it is supposed to attack mainly those endowed with a fair amount of intelligence. The length of the intervals between the attacks, when the very best of health may be enjoyed, varies from a few days to two or three months, usually three or four weeks.

Like epilepsy, it begins in early life, heredity playing an important part in its causation. Exciting causes are most frequently some digestive disturbance, or over-fatigue and excitement of any kind. Dr. Haig points

out the similarity of the symptoms of migraine to those of uric acidæmia:—

1. Headache, severe and generally frontal and unilateral.
2. Slow pulse of high tension.
3. Diminution of urine, saliva, and sweat.
4. Sense of chilliness and pallor.
5. Frequent termination by diuresis, vomiting and perspiration.

Let us now briefly compare migraine with epilepsy. In both we have the characteristic aura, more frequently ocular than any other. In the former there may be definite hemianopia, followed by the appearance of bright zig-zag or fortification lines, which gradually fade away in from twenty to thirty minutes, giving place to severe pains in the head. In the latter the aura is of very much shorter duration, so that no accurate description of ocular phenomena can be given, as in the case of migraine, and motor disturbance takes the place of the sensory in the other. It seems likely that the same or a similar poison is at work in both, attacking the ocular nerve centre first, and then producing a "nerve storm." In epilepsy, however, the poison acts more rapidly and violently, and the "nerve storm" is of a more profound nature.

Another explanation may possibly be that uric acidæmia causes constriction of all arterioles, and that the aura are first caused by starvation of the nerve cells, then the demoralized cells discharge their energy and the resulting acid products, acting as they normally do on the capillaries, cause their dilatation, and this distension may cause the headache in migraine, and the convulsions and loss of consciousness in epilepsy. The cerebral circulation would, of course, alone be increased. This goes with a statement of Dr. Pitt's, "That migraine cannot be caused by spasm of arteries, seeing that an artery blocked by embolus does not cause severe headache."

A further proof of the intimate relation existing between the two, lies in the fact that the one may often replace the other, the more usual way being for attacks of migraine ultimately to become epileptic. They frequently alternate, too, in heredity, parents affected with migraine begetting epileptic offspring, and *vice versa*. Time will not admit of more than mere mention of the relation of the uric acidæmia to gout, rheumatism and rheumatoid arthritis, in all which headache is an admitted symptom. I before mentioned that uric acid is stored in the joints. In gout it has come to stay; in rheumatism it comes and goes with frequent changes in the blood; whereas in rheumatoid arthritis it plays an important part in the cartilaginous destruction.

Before dealing with special treatment, this will be as good a time as any to discuss the treatment of headaches generally. A lowering of the tone of the whole system, and especially of the nervous, is almost always an important factor. It is necessary, therefore, to see to the patient's general state of health, regulating his diet, sleep and exercise, changing his occupation if necessary and possible, and prescribing some suitable tonic. This, of course, would not be sufficient when there is some particular cause to blame. The patient must, therefore, be most carefully examined, and the cause removed, if possible, in addition to the above treatment.

Now, as to the particular treatment of those causes just considered. It is of the utmost importance to regulate the diet, allowing the minimum of nitrogenous food, for obvious reasons, and of alcohol for reasons already given. As a drug, Sodii Salicylas is invaluable, entering as it does into combination with the uric acid and forming soluble salicylurates which are easily eliminated. Bromide of potassium is useful in the intervals between the attacks of either epilepsy or migraine, but must be persevered with. Other points in treatment are copious draughts of water, hot or cold, morning and evening, with salines and diuretics. Other toxæmic causes of headache I will just mention are, influenza, typhoid, typhus and scarlet fevers, and finally Dr. Hale White says "In cases of intense persistent headache, always think of syphilis."

C. Reflex headaches.—First and foremost in frequency and importance in this connection comes *the Eye*, and the reason for this is obvious, seeing that the fifth nerve, which is by far the most important sensory nerve in the body, supplies the eyeball and every part within the orbit, either directly or by filaments connecting it with the third, fourth, and sixth nerves, whilst it also supplies the scalp in the frontal, parietal, and temporal regions where the pain is usually referred, as well as the pericranium and dura mater corresponding to this area.

The eye may be a factor in the causation of headaches in a variety of ways, as follows:—

1. Irritation of the normal retina by over-stimulation caused by a very bright light, a prolonged glare, or looking at vivid colours.
2. Any stimulus on a diseased retina.
3. Effect on the retina of imperfect focussing, causing a confusion in the mental state, either from errors of refraction or imperfection in the muscles of the eye, intrinsic and extrinsic.
4. Irritation of the fifth nerve by organic diseases, such as glaucoma, iritis, conjunctivitis, etc., or by eye-strain or fatigue of the ocular muscles from inherent imperfection, or from errors of refraction.

Academy headache.—We may conveniently consider this very well known malady under the first heading, but, of course, there are other important factors in its production besides the over-stimulation of the retina. Such are the poisonous influence of a hot and ill-ventilated room; tiring of the neck muscles, and last, but not least, mental causes, such as trivial worries in getting through the crowd, concentration, and (I quote from the *British Medical Journal*) "the incessant and violent vaulting from theme to theme, when studying a mixed and unclassified exhibition."

The best remedies are, to resist the allurements of picture galleries or exhibitions when feeling not quite up to the mark; not to stay too long at a time; to study a

limited selection at one visit; to be well fed before starting; and especially if much of a sufferer in this way, to be satisfied with the inspection of those pictures alone which are hung low.

Errors of refraction.—This fertile source of headaches has only been fully recognised of late years, and its due appreciation has already in the past done much in the way of alleviating suffering humanity, and will, of course, do much more in the future, seeing that the trouble, although so often discovered late in life, has almost invariably commenced with school days, when the eyes were first used for close work. As above indicated, errors of refraction give rise to headache, either by mental confusion caused by the blurring of the image, or by muscular fatigue caused by the effort to accommodate, whether successful or not. Fatigue and consequent headache can be easily brought about experimentally by attempting for some time to examine one's own nose or ear. Douders explains this as an accumulation of waste products.

May I just remind you that the suspensory ligament of the lens tends to flatten it, and the mechanism of accommodation consists of the contraction of the ciliary muscles whereby the suspensory ligament is relaxed, and the lens assuming a rounder shape, the anterior surface is rendered more convex, and its refractive power is increased. It is evident, therefore, that in myopia, when the convexity of the surface is already exaggerated, there can be no accommodative strain. Head pains in such cases must be due to some other cause, and we find it in the great strain which falls upon the internal recti, the adductors of the eye-balls, when very near objects have to be focussed. Mr. Higgens mentions this in a paper in the *British Medical Journal* as far back as 1883, and in a later paper he speaks of ocular headaches as nearly always beginning in early school life, and he very rightly censured the long hours and cramming system at schools. Things have by no means improved in this direction, and in the interest of the public health it would be well if the medical profession as a whole would raise its voice against it.

In hypermetropia, when the flattening of the lens is exaggerated and the conjugate focus is thrown behind the retina, the effort of accommodation may for a time, at least, overcome the error, and this strain on the ciliary muscles, especially when weakened, as they so soon are by any loss of tone, is a frequent cause of headache. As a proof that it is this effort that causes the pain, and not the indistinctness of vision, a drop of atropine by paralysing accommodation renders vision still more indistinct, but cures existing headache.

Any gross lesion or error so marked as to be quite incapable of correction by accommodation, causes no headache, no attempt being made. This is particularly noticeable in great degrees of strabismus, whereas in very slight degrees, head pains are common.

It is interesting to note, too, that according to Campbell, the blind suffer but little from this ailment, and those who do usually have parietal headache. He thinks this may be caused by ear strain.

Dr. Brailey, in his paper on "Astigmatism, and its relation to Headache," in the Guy's Hospital Reports of 1878, states that the average eye is slightly myopic vertically, and, therefore, there is a slight degree of astigmatism. In astigmatism, the vertical meridian is nearly always more convex than the horizontal. In myopic astigmatism, headache may frequently be staved off by a simple device, viz.: by half closing the eye, or narrowing the palpebral fissure, when the light mainly enters by the normal or horizontal meridian. This can be of no use, naturally, in hypermetropic astigmatism, the normal meridian in this case being vertical.

Hypermetropia is more common in early life, and myopia in later life, the former very frequently becoming converted into the latter.

The muscles themselves may be the source of trouble in other ways than already mentioned, in connection with the internal recti. Any defects in either, or both, whether too long, too short, too weak or too strong, may cause error of vision, with accompanying headache.

The treatment of ocular headaches resolves itself into the question as to whether there is mere loss of tone, or some permanent error in the mechanism. For the former, general treatment as before enumerated and perfect rest for the eye is indicated, while for the latter, of course, some form of glasses suitable to the case.

Nasal disorders.—As far back as the time of Hippocrates, a certain sympathy between head and nose was recognised by the fact that affections of the former were often treated through the nose. Campbell points out that people with a delicate sense of smell are very liable to headaches. It is certainly a very common thing to find people with whom a violent headache is always started by some particular odour, it may be that of paint, or some drug, or the scent of certain flowers. I know a man who suffers intense headache from the merest whiff of amyl nitrite.

Headaches may be caused by obstruction in the nares from any cause, by catarrh, deflection of the septum, growth and empyema in the antrum and frontal sinuses, —the pain in the last of these varying with position and drainage. In disease of the frontal sinus, the headache is frontal, bilateral and often follows coryza. Dr. Hale White suggests that headache so common in ordinary colds is due to inflammation of the frontal sinus.

A very good method of diagnosing whether or not an obscure headache results from nasal trouble, is given by Scheinmann, viz., to apply a solution of cocaine to the interior of the nose, when pain reflected to the head will be eased in a few minutes. These headaches are explained by Campbell as follows: "The lymphatic circulation of the nose is intimately connected with that of the brain and its membranes, and, therefore, disease of the nasal mucous membrane obstructs the intracranial lymph flow and an accumulation of waste products takes place. It may also be caused indirectly through the eye, the sympathy between nose and eye being, of

course, explained by the fact that the nasal nerve, through the long ciliary, supplies the globe of the eye."

Disease of the pharynx may cause the trouble in consideration, the site of pain being usually occipital. Von Tröltsch points out that pain is felt over the occiput on examination of the retro-nasal space with the finger.

Dental troubles frequently bring on unilateral headaches, especially when in the upper jaw. When the lower jaw is affected, the pain may be indirectly brought on through earache, which is itself an occasional cause of the malady.

Digestive disturbances.—Many headaches are caused simply from want of food, as in morning headaches, when a good meal has the desired effect. No doubt, sensory disturbance in the head, following indigestion, is often due to toxæmia. But Campbell thinks that this is very seldom the case, and that as often as not the digestive disturbance is secondary to the same cause which brought on the headache. That irritation of the gastro-intestinal tract may reflexly cause frontal pain is experimentally shown by applying ice to the epigastrium.

Mr. Jacobson says: "When a girl has a muddy complexion, with a deposit of pigment round the eyes and forehead, it goes with migraine and constipation. Treat the constipation." This I take it is the indication in the treatment of most headaches due to troubles in the gastro-intestinal tract.

Other causes of irritation where pain is reflexly referred to the head will be merely mentioned. Pain along the course of the three occipital and great auricular nerves may be a sign of caries of the cervical spine.

Dr. W. Day remarks: "A misplaced uterus, or accumulation of scybala may produce mental depression or headache, which is soon cured by removing the cause."

In fact, the sensory centres of the fifth nerve seem so spread out in the brain that irritation of any part of the body, at some time or other, may, by transmission of the impulse from its proper sensory centre to that of the fifth, cause a headache.

D. Headaches due to functional disease of the nervous system. Very briefly let us consider this last group of causes. Nervous headaches are, I take it, specimens of idiopathic neuralgias from which neuritis is excluded. This is a very common trouble of adult life, especially among women of a nervous, excitable disposition.

The fifth nerve seems to be specially related to the emotions. It is the nerve which influences the secretion of tears, as Gowers points out, and is the sensory companion of the motor nerve of emotional display. It is worthy of note, therefore, that intense emotion and excitement may not only bring on a headache, but may cure one already existing.

The influence of attention in all neuroses is well-known, and many a brow-ache is cured as soon as the attention is diverted from it. Anyone can prove this influence experimentally by placing a finger quite close to the forehead just above the nose, without actually touching it, and fixing the whole attention on that part for some time, when a curious dull aching sensation may be experienced. Headaches of this class would doubtless be diagnosed by exclusion as well as by the character and style of the patient.

Dr. Day has found that they are usually preceded by certain prodromata, such as an indefinable sense of irritation or vexation, or of languor and depression. An impairment of the general health usually accompanies them, and they may be explained as the results of spontaneous nerve storms.

A curious symptom in many cases is a marked tenderness to light touch, but distinct relief on firm pressure. Trousseau mentions a case of infra-orbital neuralgia which had lasted for some years, where the malar bone was atrophied from the continued pressure applied as a means of relief.

There is a marked relation between nervous headaches and hysteria. Clavus hysterica is an example of this, when a sensation as of a nail being driven into the head is met with, especially associated with trouble in the female pelvic organs.

In dealing with treatment, all that I have said before as regards general treatment holds good here. In addition, there will in many cases be a need of a moral element to counteract the mental dyscrasia.

In the way of drugs, quinine, strychnine, arsenic, bromide of potassium, antipyrin, ammon. chlor., sodium salicyl., belladonna, aconite, gelsemium, and many others have all worked miracles at one time or another. But it seems that the same drug very soon loses its beneficial effect, and fresh ones must be tried.

I have known of excellent results following the use of Camph. Chloral, which is a mixture of camphor and chloral hydrate rubbed up together until they form an oily liquid. Alcohol has been recommended by many, but Gowers very rightly deprecates its indiscriminate use as being fraught with great danger to the habits of the patients, especially of this class. And besides, he claims for nitro-glycerine all the advantages without the danger of alcohol, saying it will always succeed where the latter seems indicated. Similarly, in discussing the use of anodynes for the relief of pain, he warns the prescriber of the danger of morphinism, saying that this baneful habit has mostly followed the use of morphia in neuralgia.

There are, of course, many other causes of headache, to which I have not alluded, such as that inevitably following a hatless exposure to the tropical sun; the headache which is a symptom of mountain sickness and due to variations in atmospheric pressure, and so on.

However, I trust I have sufficiently indicated the scope and importance of the subject, and will now, before this paper itself becomes a fresh cause of the trying malady we have been considering, thank you sincerely for the kind attention you have shown me this evening.

Royal College of Surgeons of England.

THREE LECTURES on "The Causation of Dropsy," on Monday, Wednesday and Friday, February 17th, 19th and 21st, at 5 o'clock each day, by Ernest Henry Starling, M.D., M.R.C.S. (Arris and Gale Lecturer).

LECTURE I.—Monday, February 17th.—Definition of Dropsy.—Dependence on two processes, Lymph production and Lymph absorption.—PRODUCTION OF LYMPH. Methods of Study.—Structure of Capillary wall.—Filtration Hypothesis (Ludwig).—Experiments proving the truth of this hypothesis.—Lymph production a function of two factors, intracapillary pressure and permeability of vessel-wall.—Varying permeability of vessels in different parts of the body.

LECTURE II.—Wednesday, February 19th.—THE ABSORPTION OF LYMPH.—Absorption by lymphatics.—Absorption by blood-vessels. How effected. Absorption in consequence of osmotic interchange and diffusion.—Absorption of isotonic and hypertonic salt-solutions. Absorption of dropsical fluids. Physical explanation of absorption by the blood-vessels.

LECTURE III.—Friday, February 21st.—Application of foregoing results to the explanation of the different forms of Dropsy. Dropsy caused by venous congestion (Thrombosis, Heart Disease). Inflammatory œdema. Œdema of Bright's Disease. Nervous œdema. Dropsy of the Serous Cavities.

Hospital Officers' and Servants' Dinner

ON Wednesday last a good old custom was revived when the Officers and Servants of Guy's Hospital dined at the Bridge House Hotel. It is about twenty-four years ago that the last dinner was held, but judging from the enthusiasm at this gathering it will be made an annual affair. Eighty-six sat down to dinner, including Dr. Perry, Mr. Dunn, Rev. C. H. Bowden, Mr. Kirkland, Mr. Williams, Mr. Wells, Messrs. Toms, Robbins, Reaside, Beckwith, Croucher, Morley, Mills, and every department of the Hospital was well represented.

An excellent bill of fare was provided on tastefully-printed menus, kindly supplied by the Hospital printers, Messrs. Ash & Co. The toast list included "The Queen and Royal Family," "Prosperity to Guy's Hospital," "The Medical School," "The Visitors," and "The Superintendent." The musical programme was also much appreciated, a special expression of thanks being due to Mr. George de Pledge, who left a meeting in another part of the house, and delighted the audience with his rendering of "Thy Sentinel am I," "The Old Soldier," and "Drinking." Mr. Williams proved himself an able and efficient chairman. There were several good suggestions made by the speakers. One indicated the possibility of one or more beds being supported by the voluntary contributions of the Hospital and School servants; another was that there should be a Provident Fund created for the benefit of the employés. These were well received by the company present. The ball was kept rolling until 11.30 p.m. when "Auld Lang Syne" was sung, and the party broke up with the evident intention of meeting again a year hence.

Winter Walks.

GRAVESEND—COBHAM—ROCHESTER.

"IF this," said Mr. Pickwick, looking about him—"if this were the place to which all who are troubled with our friend's complaint came, I fancy their old attachment to this world would very soon return."

"I think so too," said Mr. Winkle.

"And really," added Mr. Pickwick, after half-an-hour's walking had brought them to the village, "really for a misanthrope's choice, this is one of the prettiest and most desirable places of residence I ever met with."

PICKWICK PAPERS.

IN going into Dickens' land one might be tempted to write a preamble dealing with the author of the "Pickwick Papers" and his literary work—a pleasant enough task perhaps, but one already often accomplished by abler hands, besides which such a discussion would be entirely foreign to the purpose of these articles, which are intended as descriptions of country and places, penned with the object of inducing others, may be, to visit those districts which have afforded us so much delight.

The train put us down at Gravesend, redolent of tar, and shrimpy even to its streets. We did not tarry long in the straggling town, but set off along the High Street, having enquired our way to Gad's Hill, where the house is situated in which Dickens did so much of his literary work, and where he resided up to the close of his life. Past Gravesend the road was of rather a towny kind, but a change after London, for the air lacked not freshness, and the scene varied with the undulations of the road, giving us at times fine glimpses over the great Thames waterway, nor did the trumpeting of the steamers sound unpleasantly as we plodded along. The folks whom we passed were of a different type to the Londoners, for they were almost all of the seafaring kind—blue-coated, in jerseys, and rolling along in that manner peculiar to seamen—and longshoremen.

We sighted the residence of Charles Dickens at a high point just to the right of the main road, after we had completed some three miles over a way sacred in the old days to stage coaches and mail carts, footpads, robbers, and Sir John Falstaff. Gad's Hill House is unpretentious enough, but old-fashioned and comfortable, with good cedars and pine trees in front, and just the right sort of garden, well planted and grassy—once the delight of the great man who made this very country

his home, and who loved to ramble, as we were doing, about the Kentish highways and lanes. We passed down a narrow road at the side of the house, but turned more than once to look back on the study windows looking out over the garden and lawn. Our way became now more countryfied, intersected with hedges dividing the meadows and plantations. Nearing Cobham, we enjoyed fine wooded landscapes, through which we approached Lord Darnley's estate. Turning to the right by the park wall, we were soon into the village, and at the door of the "Leather Bottle." This quaint old inn is interesting not merely on account of its being ancient, but because it was the very place which the immortal Mr. Tupman chose to sojourn in after his love affair—the melancholy Mr. T. who desired to take leave of the world!

The reader will remember that Messrs. Pickwick, Winkle and Snodgrass set out to find him, the memorable incident being thus set forth in the "Pickwick Papers":—

"Having been directed to the 'Leather Bottle,' a clean and commodious village alehouse, the three travellers entered, and at once enquired for a gentleman of the name of Tupman. The three friends entered a long low-roofed room, furnished with a number of high-backed leather-cushioned chairs of fantastic shapes, and embellished with a great variety of old portraits. At the upper end of the room was a table, with a white cloth on it, well covered with roast fowl, bacon, ale, and *et cetera*, and at the table sat Mr. Tupman, looking as unlike a man who had taken his leave of the world as possible."

The room where the philosophic Mr. Tupman partook of refreshment is kept just as it was illustrated in the published works of Charles Dickens; it is now known as "the Dickens' room, and is used as the coffee-room of the inn. It was here we sat down to the excellent repast provided by our worthy host, who presided at a sirloin "done to a turn," and pressed us to slake our thirst in "barley wine," a beverage good, albeit strong, for which the house is famed. The "Dickens" room is hung with *souvenirs* of the author, portraits of him, views of his house, framed newspaper cuttings, besides a good collection of prints taken from his works, so that one sits down with Sarah Gamp, Bill Sikes, Carton, Mr. Pecksniff, and a host of other celebrities hanging around the walls of this veritable Dickens' museum.

After a good rest, we decided to make for Rochester, instead of going to Sole Street, where the nearest railway station is situated. By taking the longer route we enjoyed a fine walk through Cobham Park and saw a little of Rochester. Before starting, we visited the church, an uncommonly interesting building, it having been attached before the Reformation to the Priory of Southwark, and celebrated as a training place for the priesthood. There is a collection of magnificent fourteenth and fifteenth century brasses, mostly to the memory of the de Cobham family, and one to the founder of the church—the pious John de Cobham. Lady Brooke rests under a fine brass with her eight little sons and ten little daughters, they too are represented in brazen conventionality all in a row—pious little souls. Sir John is absent from this happy family, for he got buried in one of the London churches, though the stone at Cobham has a space left for his effigy.

Adjoining the church stands the old college, now the lodging for twenty old pensioners, one of whom, a fine old man and kindly disposed to anecdote, offered his services to us as guide. He took us into a delightful quadrangle from which the pensioners' houses opened, and thence into the dining-hall, very handsome and built in the late Tudor style. Most of the present building is of this date, for after the Dissolution the whole place was pulled about and altered, being finally rebuilt and turned into a hospital by a Protestant Lord de Cobham in the time of Elizabeth.

Leaving the old pensioner, the church and buildings, we were just making a start when we spied our dinner-companion—a pilot from Gravesend. I had not intended to allude to him at all, nor will I now refer to his conduct at the dinner table; perhaps the reader will find excuse for his condition by remembering the great responsibility and enforced sobriety his avocation naturally demands, but I myself shall make no excuse for his relaxations when on a holiday. He hailed us as from a ship's bridge, and finding we were bound for Rochester undertook to guide us thither—an offer which we were pleased to accept as strangers in the place. However, we were forced to part company soon after, without casting any reproach on our pilot's professional knowledge, but merely because he would not allow us to deviate from the path in order to view Cobham Hall. We felt sorry to have roused the good man's anger—but roundly curse us he did, as we left him near the fine lime tree avenue which leads up to the Hall. The Hall is a grand building, partly Tudor, but mainly in the Renaissance style, containing, they say, many treasures and a large collection of fine pictures. We could hardly censure Lord Darnley for not letting us see his collection, for we are law-abiding folk, and our rulers themselves hold strongly the opinion that it is unseemly to view pictures on Sunday. We had our consolation in a walk through one of the finest parks in the kingdom, but bearing a wintry aspect, however, yet differing only by reason of the season from Dickens' description of it in June:—

"Their way lay through a deep and shady wood, cooled by the light wind, which gently rustled the thick foliage, and enlivened by the song of the birds that perched upon the boughs. The ivy and the moss crept in thick clusters over the old trees, and the soft green turf overspread the ground like a silken mat. . . . . Long vistas of stately elms and oaks appeared on every side; large herds of deer were cropping the fresh grass, and occasionally a startled hare scoured along the ground with the speed of the shadow thrown by the light clouds which swept across a sunny landscape like the passing breath of summer."

The bracing winter wind scattering the fallen leaves, and the landscape itself, were as pleasing in their way to us as the breath of summer was to the Pickwickians in their walk through the summer sunshine.

A sharp descent brought us to Rochester, a town full of interest, but hardly to be examined at a day's end, much less described at the end of this article. We had time to hear some music in the cathedral, and had a good rest in the old Norman nave before getting the train back to London. We saw but little of the town or cathedral, as it was almost dark, but we were obliged to walk round the old castle, built much like the White Tower, just as the cathedral nave appeared to us in the dusk to greatly resemble the nave of Romsey Abbey.

We crossed the bridge to the station and turned as we reached the further side to get a fine night view of the Medway, and the castle on the hill across the water.

The L. C. and D. served us well, the train coming up but little late and landed us safely at the Elephant.

A. P. A.

Train from London Bridge to Gravesend (S. E. R.), 10.23. Fare 1s.

Trains from Rochester (L. C. D. R.), 5.13 and 7.42, by latter change at Loughborough for Elephant; (S. E. R.) to London Bridge, 6.36 and 7.57. Fare 2s. 6d.

Dinner at "Leather Bottle," 3s.

Reviews.

Pulmonary Consumption. By Drs. Harris and Beale. (London: H. K. Lewis. 1895.) Price 10s. 6d.

This is a practical manual on the treatment of pulmonary consumption, written by two well-known physicians of the Victoria Park Hospital for Chest Diseases. Its object is to present a full review of the questions regarding the treatment of phthisis which recent progress in the pathological knowledge of tuberculosis has suggested. While collating the published works of previous observers, they have endeavoured to put forward only such views as seemed reasonable and in accordance with their own extensive clinical experience. The earlier chapters of the volume are devoted to the treatment and pathology of consumption from a historical point of view, and they are followed by a brief but clear account of the tuberculous processes in the lungs, with the methods of arrest and cure. The records of arrested tuberculous lesions found in the post mortem rooms of different hospitals are given, and vary between 2 and 10 per cent. The greater part of the book, however, is clinical, and relates to the detection of early disease, the different stages and varieties of consumption, and the very large subject of treatment. One important chapter deals at great length with the complications of phthisis and their treatment. We can strongly recommend the study of this work to the young practitioner, who will find it an excellent digest of our present knowledge of the therapeutics of pulmonary consumption.

Medical Digest. Appendix for Years 1891—Aug., 1895. By Dr. Richard Neale Ledger. (Smith & Co.) Price 10s. 6d.

Neale's Digest, or the busy practitioner's vade-mecum, is so well known and so highly valued that it requires no introduction or commendatory notice. But we take this opportunity of calling attention to the fact that this admirable work—a monument of industry—has been brought up to date (August, 1895) by the issue of a second appendix on precisely the same lines as the two preceding volumes. Further, the publishers have now issued the whole work from 1840 to August, 1895, for the very moderate sum of 18s. 6d., post free. The book is particularly useful to those in general practice who are not within reach of a medical reference library, by saving a wearisome search through tons of old medical journals, and by the suggestions for treatment which are so profusely given under the headings of the various diseases.

Public Health in European Capitals. By Dr. T. M. Legge. (London: Swan, Sonnenschein & Co. 1896). Price 3s. 6d.

Dr. Legge has produced an interesting little book on sanitary matters, which is the more valuable in that it is a record from *personal* observation of how they manage things in Berlin, Paris, and other important capitals of the Continent. The subjects dealt with are sanitary administration, water supply and drainage, housing of the poor, notification, meat inspection, and other familiar topics. No attempt has been made to compare the conditions obtaining in the various capitals, and we think wisely so. As it stands the book is well worth reading, not only by the specialist, but also by the general medical reader, and even the "intelligent" layman who takes an interest in the subjects pertaining to public health. There are several illustrations and ground plans of hospitals and other buildings.

The Year-Book of Treatment for 1896. (Cassell & Co.).

In introducing the twelfth issue of this Year-Book, the editor modestly hopes that it will sustain the reputation for practical helpfulness which it has so thoroughly earned. The new features in the volume are a section on Tropical Diseases, by Dr. Patrick Manson, which is embodied in the text, and a special supplement, in which are noticed some of the more important of the new inventions and therapeutic novelties which have been brought forward during the past year. The latter is certainly a useful innovation, and if the inventions could be illustrated, either in the text or in the advertisement columns, their descriptions would be still more valuable. We observe that the section relating to the diseases of the stomach and liver is now in the able hands of Dr. Hale White, who is the only Guy's representative on the editorial staff of this periodical.

Sport.

Association Football.

GUY'S v. BECKENHAM.

This match was played at Honor Oak Park on Saturday, February 1st. Beckenham turned up one short, and so, on the heavy ground, we easily outplayed them, scoring three times in the first half and adding five goals afterwards to their single point. The forwards showed good combination, and the whole team performed very creditably. Beckenham's goal was scored late in the second half during a little bit of slackness on the part of our defenders, Lavers having no chance with the shot. For us, "Jones" scored six times and Humphry twice. Team:—

Guy's.—N. Lavers (goal); J. Matthews, E. A. Longhurst (backs); R. Hall, F. E. Walker, H. A. Higgens (halves); P. S. Mandy, W. G. Palmer, P. C. "Jones," G. Ford and L. Humphry (forwards). Referee: H. Bernard-Onraët.

SURREY CHARITY CUP.

GUY'S v. EWELL.

This match, the first in the above recently-organised competition, took place on Saturday, February 8th, at Ewell. A fast and even game, marred only by a sad accident to one of our men, ended in a draw of two goals all. The accident referred to befel H. A. Higgens, who, playing at full back, had the misfortune early in the game to badly fracture his leg. We are sure all will wish him a good recovery and a pleasant and comfortable time in Accident.

A good sprinkling of spectators were present when Guy's, having lost the toss, kicked off against wind and hill. Owing to the indisposition of the appointed referee, Bernard-Onraët was called upon to officiate with the whistle. Play ruled very even at first, though the Hospital was perhaps smarter on the ball, and the game was not many minutes old before Palmer, after some pretty combined play, notched Guy's first point. Almost immediately afterwards, Palmer was again within an ace of scoring, only missing by inches. A rush down the hill by the Ewell left wing transferred play to the opposite end, and notwithstanding several saves by our backs and keeper, Ewell at length gained a corner, and the ensuing *melée* in front of goal ended in the ball finding its way into our net, the score being thus rendered equal. It was only a few minutes after this that the accident occurred, necessitating a re-arrangement of the back division, Walker going full back and "Jones" acting as half-forward. Play continued very keen and even, both goal-keepers having work to do. Lavers on one occasion cleared magnificently when the opposing centre forward was right on him. Half-time came with no addition to the score.

Crossing over, Guy's had now the advantage of wind and hill, and were thought to have a good chance of winning, and for the first quarter of an hour pressed severely. Our forwards, notably Humphry and Mandy, put in some good dribbles and centres, one from the former ought certainly to have been converted had anyone been up in time. Palmer, too, was unfortunate to hit the post twice without the ball going in. Then, from play close in front of goal, the ball came out to Hall, who, with excellent judgment, put in a long shot that scored our second goal. Guy's then bucked up hard to keep the lead, but our usual bad luck dogged us. Ewell were pressing, and Longhurst and Walters, Ewell's centre, colliding with the ball between them, about five yards from the goal mouth, "hands" was given against the Hospital, though their man handled equally with ours. The result was the equalising goal for Ewell, the ball just touching one of our men on its way into the net. Strong efforts were made on both sides to gain the lead, but nothing further happened, and, under the circumstances, Guy's did not wish to play extra time, so a draw resulted.

Turning to individual play, first and foremost, Lavers in goal was as safe as the proverbial rock, the ease with which he dealt with the long shots sent him being "a treat to witness"; his coolness and *sang froid* giving the rest of the team great confidence. At back, Longhurst played splendidly, and is certainly the most improved man in the team. Higgens, too, before his accident astonished everyone by his good form, making no mistake whatever. The halves did what was wanted of them well, and Crosby played his best game this season. All the forwards were good, and stuck to their work well. It was a great disappointment to the team to have to put up with a drawn game. Team:—

Guy's.—Norman Lavers (goal); H. A. Higgens and E. A. Longhurst (backs); R. W. B. Hall, F. E. Walker and A. E. Crosby (half-backs); P. S. Mandy, W. G. Palmer, P. C. "Jones," G. Ford and L. Humphry (forwards). H. Bernard-Onraët (referee).

INTER-HOSPITAL CUP.

GUY'S v. MARY'S.

This match, which ended disastrously for Guy's, was played at Wembley Park on Tuesday last, in brilliant weather. The ground was very heavy, and a strong wind was blowing from end to end. Guy's won the toss, and Mary's kicked off against the sun and wind. Play opened very fast, and Mary's, who were much quicker on the ball than the Guy's men, soon carried the ball up to our goal line. Longhurst, however, relieved, but after some capital saves by Lavers, a combined dribble by Mary's ended by Ferris putting the ball into the net. Immediately after the kick-off, our usual luck was again demonstrated, "Jones" twisting his knee, and had to give up playing; Guy's were thus one short early in the game, an exact parallel to last Saturday's match. However, they prevented any further score up to half time.

After change of ends Mary's pressed severely, and only the extraordinary and brilliant defence of Lavers in goal prevented them from scoring. As it was, he kept his charge intact for the first thirty-five minutes of this half; Walker was kicked on the knee, and was useless afterwards, and in the last ten minutes, Mary's scoring twice, they won by three to none, the worst beating Guy's have had in the Hospital ties for four years. The redeeming feature of the match was Lavers' display, the rest of the team not playing up to form, with the exception perhaps of Hall and Mandy; Longhurst was hampered by the heavy ground, but performed creditably. Team:—

GUY'S.—N. Lavers (goal); W. R. Davies, E. A. Longhurst (backs); R. W. Hall, F. E. Walker, A. E. Crosby (half-backs); P. S. Mandy, W. G. Palmer, P. C. "Jones," G. Ford and L. Humphry (forwards).

GUY'S 2ND XI. v. ST. THOMAS'S 2ND XI.

This match was played at Honor Oak Park on Wednesday, February 5th, and resulted in an easy win for us by six goals to one.

It will be seen we had a very strong team, and so had matters pretty much our own way during the first half. At the commencement of the second half, the Saints woke up a bit and scored their only goal, but they soon fell off again. The goals for us were kicked by Palmer (2), Mandy, Humphry, Ford and Davis. Team:—

GUY'S.—A. R. Thomas (goal); J. Matthews, V. Smith (backs); R. W. B. Hall (capt.); A. Bedle, H. A. Higgens (half-backs); L. Humphry, G. Ford, E. I. Davis, W. G. Palmer, and P. S. Mandy (forwards).

Rugby Football.

GUY'S v. R.I.E.C. COOPER'S HILL.

This match was played on Saturday, February 1st, on the grounds of Cooper's Hill College, in anything but bright weather, but fortunately there was no rain and the ground was in very good condition, enabling a fast and close game to be played. The Cooper's Hill team having won the toss elected to play uphill at the commencement, and Goddard kicked off for the Hospital. Our forwards did not seem quite to settle to their work for the first ten minutes, and our opponents consequently pressed rather severely, the game being in our territory for the greater part of the first half. After a quarter of an hour's play, Curtis, for our opponents, from a smart pass out of scrum, dropped a very pretty goal. Upon the ball being restarted our men played with great spirit and quite kept our opponents at bay, but we were unable to score, and at half-time nothing further had been scored.

Upon changing over and play being resumed a long spell of kicking took place, until the ball went into touch well down on our side of the half-way line, but the forwards worked grandly and carried the ball into the "Hill's" ground. Several good runs were made on both sides, Alexander being conspicuous for us, but the tackling was excellent, and the game continued in the centre for some time. At length Gardiner broke away with a very pretty dribble, and carried the ball well up the touch-line to our opponents twenty-five, when, after some open play, we had an easy opening for scoring, the goal being undefended and the ball in our possession. Unfortunately, Goddard kicked just a trifle too hard, and in the race to touch down was outpaced, the ball going dead. Nothing further of any importance happened, and the game ended in a win for Cooper's Hill by one dropped goal to nil. We were afterwards entertained at dinner in the College, and then returned to London, after a very enjoyable outing. Team:—

GUY'S.—G. B. Muriel (back); F. L. Rae, K. B. Alexander, T. Morgan, F. D. S. Jackson (three-quarter backs); R. Mathias, J. N. Gardiner (half-backs); E. G. Goddard, P. A. Dykes, H. G. Rashleigh, F. Gibson, H. V. Bagshaw, P. D. Hunter, M. D. Wood, W. Tyson (forwards).

GUY'S v. MARLBORO' NOMADS.

This match was played in beautiful weather at Honor Oak Park on Saturday, February 8th. Goddard kicked off, Guy's having lost the toss; the ball was immediately taken into our opponents' territory, when, after a smart piece of play, Hunter got over near the touch line; the kick at goal failed. Shortly before half time the Nomads scored an unconverted try. The second half was uneventful till Wetherell ran in a fine try for Guy's, the place at goal again failing. The game was of a very scrambling character all through, and no further score resulting, the game ended in a win for Guy's by two tries to one. Team:—

GUY'S.—G. B. Muriel (back); F. L. Rae, A. Kinsey-Morgan, T. Morgan and F. D. S. Jackson (three-quarter-backs); R. Mathias and F. Wetherell (half-backs); P. A. Dykes, E. G. Goddard, C. R. Nicholson, H. G. Rashleigh, F. G. Gibson, H. V. Bagshawe, P. D. Hunter and W. Tyson (forwards).

Birth.

ROBERTSON.—On February 4th, at 134, Christchurch Road, Tulse Hill, S.W., the wife of John Robertson, M.A., M.D., of a daughter.

Marriage.

MINNS—MORTON.—On January 29th, at All Saints' Church, Sheffield, Allan Glowyer Minns, L.R.C.P. Lond., Thetford, to Gertrude, eldest daughter of Samuel Morton, M.R.C.S., of Burgreave Road, Sheffield.

Death.

WEEKES.—On January 27th, at Mansion House, Brompton, Chatham, Henry Weekes, M.R.C.S., L.R.C.P., J.P. for Kent, aged 51 years.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

FEBRUARY 29, 1896.

On the Operations for Hip Disease.

CLINICAL LECTURE BY MR. HOWSE.

(*Continued from page 56*).

WHEN mentioning the two operations, posterior and anterior, for excision of the hip-joint, some discussion of their relative merits is inevitable. It must be noted that the two operations are essentially dissimilar, not only in the position of the incision, but in the amount of bone removed, and in the extent to which the muscles of the hip-joint are cut through. The anterior operation merely removes the head of the femur, or a portion of the head, or it may be used as a means of opening the hip-joint, of scraping or washing it out without removing any bone at all. I have shown in the previous part of this lecture that it is advisable, rather than the reverse, to remove as little bone as possible in this operation. For all cases, then, in which not very much is required to be done to the joint, this operation is of great utility.

In the posterior operation, on the other hand, all the muscles attached to the great trochanter are cut through, the head and neck are entirely removed, and a large portion of the great trochanter itself. It would seem, therefore, that this is a much more maiming operation than the anterior. For this very reason, however, it is much more suitable for the very severe cases of hip disease which are so frequently met with in hospital practice. Supposing, for example, that we have to operate on a case in which the head of the femur is deeply eroded, a great collar of tubercular granulation surrounds the neck of the bone, the neck and head are themselves in a condition of caseous osteitis, and possibly this condition is extending even to the trochanter. In such a case the anterior operation must almost necessarily fail, or if the efforts of the surgeon are sufficient to clear out all disease, the after results are not commendable. For, in such a case, in order to clear out all disease, it is necessary to take off the head and neck level with the trochanter, the muscles of which remain undivided, and sooner or later contract and draw the thigh up on to the dorsum ilii, thus producing great shortening. This effect is prevented just at first by the extension usually employed after such an operation, but when the extension is removed, and more especially when the patient begins to walk, and bear weight on the limb, the trochanter begins to go up on the dorsum and the shortening progressively increases.

On the other hand, if in such a case the posterior operation be performed, not only is there abundant space for clearing out the acetabulum, and removing all the tubercular granulations, but, the muscles attached to the great trochanter being all divided, there is little tendency to progressive shortening after the operation, provided that union has taken place with the lower edge of the acetabulum, as previously described. If such union has not taken place, there may be progressive shortening even with the posterior operation—but this generally means that the power of repair is so slight that nothing will bring it about—that in fact any form of excision will fail, and that amputation is the proper operation to have recourse to.

To sum up, then. If the disease is slight, if the case is seen early, and if there is probably little to be done to the bones, the *anterior* operation is indicated. If the case is a severe one, if the case is seen after the disease has progressed for a long time, and if there is much evidence of bone disorganisation, the *posterior* operation is indicated. Each operation, therefore, has its proper place, and when anyone says that he pins his faith upon the anterior operation or upon the posterior

operation entirely, it indicates that he has not fully considered the merits of the other. Nevertheless, it is equally true that one surgeon may have had few opportunities for the performance of the one or other operation, owing to the fact that the kind of case coming principally under his notice belongs principally to the one or other category. I think that it is also certainly true that those who principally perform the posterior operation, are the surgeons who have most belief in the curative effects of rest in the early treatment of hip disease, while those who principally perform the anterior are the surgeons who have little such belief, and hence are desirous of adopting any measures which may have the effect of cutting short the disease.

It is sometimes said that the posterior operation need not be the maiming operation I have described, and that it is quite as easy to leave the trochanter, and merely remove the head of the femur, as in the anterior. Admitting the operative possibility, I should yet say that to leave the trochanter in the posterior operation was a mistake, on account of the mass of bone left interfering considerably with drainage. Moreover, until it is removed, it is impossible to say whether or no the trochanter is in a state of caseous inflammation, and what it might be necessary to do to the acetabulum.

To return to the case, the subject of this lecture. The first operation was done when the child was only five years old. As already stated, it was excision of the joint by the posterior incision. It is evident, then, that even at this time the disease was far advanced, and affecting the tissues widely. Although the child recovered from this operation, and from the subsequent scraping, so that the wound healed, and he was able to go to school for four years, I cannot look upon this excision as a success. It was only partially so, and must be regarded as an expectant line of treatment, so as to tide over a critical period in the child's life. During this period he always walked about with a crutch; no weight, therefore, was thrown on the limb. The reason of this I believe to be that no union ever took place between the os innominatum and the femur.

About Christmas, 1893, an abscess formed on the outer side of the thigh, this broke and discharged pus, leaving a sinus in this situation. For this he was admitted into Guy's in March, 1894. Now note what the report states as regards his condition on admission: "Patient is a delicate-looking boy. Right leg is three inches shorter than left. On the right thigh are two deeply-sunken cicatrices, one on the inner anterior aspect large enough to admit one finger, the other on the outer side, four inches long, extending over the great trochanter, much shallower. In the middle of the latter scar is a sinus discharging pus, and leading down to rough bare bone. There is perfect movement of the thigh in spite of *absence of head of the femur*, and extension, flexion and rotation are well executed." Here we have evidence of abundant suppuration in the past, and very little satisfactory repair. It is true that the excision wound healed up, and that the boy was able to go to school on crutches. But there is no evidence that the femur and pelvis united even by granulation or fibrous tissue. My own belief is that no union at all took place, but that the upper end of the femur was simply encapsuled in a false joint, and healed completely over. The report speaks, as if approvingly, of flexion, extension and rotation being "well executed," but to my mind this is strong condemnation of the result. Such excessively free movement seven years after the excision should not exist. The best result is probably bony union, and next after this a very strong fibrous union, where the bones are united together by very short strong fibres, and only the most limited movement is permitted. It must be remembered that I am speaking now of very bad cases, and not of the results which may be obtained from the anterior operation performed in a comparatively early stage of the disease, and where the destruction of tissue is comparatively slight. In this case then everything points to a comparative failure in the production of a useful limb, and if we add the three inches shortening, the failure becomes still more accentuated.

From the first, then, I formed a very unfavourable prognosis as regards this case. Nevertheless, I thought it right to try once more scraping out the sinuses, in order to see whether a more healthy action might not be provoked. Accordingly, on March 7th, an anæsthetic was administered, and the sinuses were scraped out; in so doing the upper end of the femur was felt rough and carious in the sinus. Strips of gauze soaked in a mixture of sulphur, glycerine, and carbolic lotion, were then packed into the wound. This dressing was removed in about twenty-two hours; it had then produced a thin grey slough over the whole surface of the wound. It was washed out with carbolic lotion, and dressed with butter-muslin and strips of iodoform gauze. In about a week the slough had separated, and the

whole wound appeared to be healthily granulating. During all this period extension was kept up by a double Bryant splint. The granulating process continued to progress, and by April 4th, the report says that the sinus had entirely healed up again, and he was sent home with a Thomas's splint on.

This was an attempt at destruction of the tubercle bacilli, if any such existed still about the wound, by the agency of the sulphur application, and the excitation of a more healthy process of repair in the wound. In the healing up of the sinus, it seemed at first to be attended with a certain measure of success. I cannot say, however, that I formed any sanguine ideas of ultimate success from this. The mechanical conditions alone of the limb seemed to be too bad to make it likely that much permanent improvement would take place. I was not therefore surprised when, on November 9th of the same year (seven months later) he applied for re-admission, the sinus having again opened and discharged freely.

Shortly after re-admission, an anæsthetic was adminstered, and the sinus was again carefully examined. The state of the limb, as then stated in the report, is interesting and instructive. The sinus had remained healed until the last week in October, and the patient had been getting about on crutches, wearing the Thomas's splint. He has "extremely good flexion, extensive abduction and adduction of the hip. The only movements limited are abduction and rotation outwards when the hip is flexed. The two anterior iliac spines are level when the patient lies upon his back"; but "the right leg is shorter than the left by *five inches*. In circumference, the right thigh is less than the left by two and three-quarter inches. There is no pain or swelling about the part, and there is no pain on manipulating the limb." The sinus led down to the upper end of the femur, which was absolutely bare and unattached. There was no evidence of lardaceous disease. The liver was of normal size, and the urine was also normal.

We have here then a condition of things almost identical with that existing seven months before. It is true that the report makes out that two additional inches of shortening had come on since that time. It is, however, impossible to believe this; some mistake has probably been made in one or other of the measurements, and if we take the mean of the two, we shall be near enough to the truth for all practical purposes. What is certainly true is that the limb was a shrunken shortened one, with no bony union to the pelvis at its upper end, and therefore little likely after all these years to contract such firm union as to make it useful for supporting the weight of the body.

Upon the causes of the failure in this case it is not necessary to say much. The very early attack of the tubercular process (æt. 3 years); the excision in a very advanced stage of the disease two years later (æt. 5 years); the failure of union between the femur and pelvis; the absence of recuperative power as shown in the small growth of the limb, are all elements to be taken into consideration. As regards the *age* at which the disease commenced, it is necessary to recollect the condition of the joint as regards ossification at that period. The bulk of the upper end of the femur is still cartilaginous. A centre of ossification has appeared in the course of the first year in the head, but it has not yet spread over the whole epiphysis. The trochanter is still cartilaginous, though a centre of ossification would probably have appeared before the first operation. In this imperfect condition the tubercle bacillus attacks the part, and it may be easily understood how seriously it affects the nutrition of the structures. The new bone produced is soft and friable, and I have often found it reduced to an absolutely pulpy condition, so that it can all be scooped out with the pressure of the finger. While the tubercular process is going on in all the surrounding tissues, the centre of ossification appears in the trochanter. It need scarcely be said how unlikely it is that this centre should produce good bone. When we consider, then, under what extremely disadvantageous circumstances the growth of the part takes place, we can readily understand the grave prognosis that must inevitably be given when the tubercular process supervenes at so early an age. As regards the failure of union between the femur and pelvis, it was probably due to the exhausting effect of the previous mischief, and the small recuperative power possessed by the patient. This was not one of the patients in whom I made any definite attempt to unite the femur to the lower lip of the acetabulum.

And as regards the last point, the failure of due growth in the limb, I think it must be attributed to the same lack of recuperative power. Some surgeons have attributed it to the cutting away of the epiphysial lamella in excision of the hip. I think it can scarcely be attributed to such a cause, because it does not take place in all cases of posterior excision of the joint. Moreover, the growth of the femur

takes place principally at the junction of the diaphysis with the lower epiphysis. The diaphysis forms the neck of the femur, and hence the upper epiphysial lamella does little more than lengthen and develope the neck. Hence the failure of growth in the limb must be due much more to the lack of constitutional power than to the operation interfering with growth.

(To be concluded.)

Collapse in an Infant.—Cancer of Pancreas in an Old Man.

CLINICAL LECTURE BY DR. PYE-SMITH.

GENTLEMEN,—The first case I have to speak of to-day is that of an infant seventeen months old. Make the best use you can of your opportunities of studying the diseases of children, for they will form a large proportion of your patients in after-practice. There are always plenty of children in our beds and cots as well as among our out-patients.

When brought in, this child was very ill indeed. He had been healthy until the evening before, about five o'clock, when he was frightened by his brother setting fire to some clothes. He began to scream, and could not be pacified all night. When brought to the Hospital the following afternoon he was so exhausted that I entertained little hope of his recovery. The child did not cling to his mother, or hide his face, or cry, but remained motionless, with his eyes closed. It was not only syncope, it was collapse. The pulse was very feeble, impalpable at the wrist, and slow and weak in the carotid. The surface was pale; the feet and hands were cold; the breathing was slow and shallow; the first sound of the heart was faint. There were no convulsions. Most of the reflexes were absent, but the palmar reflex was obtained, and there was ankle-clonus.

The history was of little help in determining the cause of this extreme collapse. In such a case always think of the possibility of poison. There are many poisons which affect the heart and breathing. In this case, though the child had been vomiting, it was not accompanied by diarrhœa or by pain. The pupils were moderately dilated, and reacted sluggishly to light. There was no distension of the abdomen, and no tumour or other sign of invagination. The lungs were resonant, and the temperature subnormal.

Next see that there is not a fragment of food or other foreign body obstructing the entrance of air into the lungs.

I believed that it was a cerebral case, probably meningitis, and that of tuberculous origin, for this is by far the commonest affection of the brain in children. But as you will see, this supposition was wrong.

After a hurried preliminary diagnosis, the first object in relieving this dangerous condition of collapse is to get the patient warm. In this case, I had the patient put into a hot bath; but he was worse after it than before. Probably he would have been better without it, for it made the blood-pressure still lower. We should have begun with what we did next. After being taken from the bath, the child was let lie on the Sister's lap before the fire, wrapped up in flannel.

The next thing is to arouse the respiration and the heart. We can do this without introducing anything into the patient's stomach, by injecting a drug under the skin, where it is quickly absorbed. In this case we injected seven drops of brandy, and afterwards some ether and two drops of liquor strychinæ. The latter is a most useful drug in these cases, better even than ether, because it can be used in much smaller doses, and because it does not cause suppuration as ammonia and brandy are apt to do. Then, in order to restore the child's strength, an egg and some brandy were given per rectum. Two hours afterwards warmth began to return, the breathing became more rapid and deeper, and we had hopes of recovery. The child, however, continued to be very ill during the night, and attempts to feed him only brought on vomiting. Next day he slowly improved, and is now out of danger.

No cerebral disease, no broncho-pneumonia, no tuberculous disease or fever developed. I can only suppose that a well-nourished and apparently healthy child has by nearly twenty-four hours' screaming, vomiting and abstinence been reduced to the dangerous state of collapse in which it was brought to the Hospital.

Remember two things about children. First, that children are very easily affected, and quickly develop severe symptoms; and secondly, that they recover from an apparently hopeless condition; so that, as an old practitioner once told me, you must not give up a child until he is screwed down.

Case II.

The next case is that of a man of 70, and illustrates one of the conditions which bring life to a close.

As a contrast to what I have just said about children, I may mention that old people are not rapidly or easily affected, but once seriously ill they will not easily recover.

This patient has enjoyed good health. About twenty-five years ago he had jaundice, and he was told that he had an "abscess of the liver." This was highly improbable. Abscess of the liver practically only occurs in the tropics, or as a result of general or portal pyæmia. Moreover, it is seldom that patients recover from it. A more probable cause of that attack of jaundice was gall-stones.

Two months ago his feet began to swell, and this was followed by swelling of the abdomen. The ascites due to portal obstruction, as a rule, precedes the anasarca, but it is very liable to be overlooked (especially in women), whereas swelling of the feet is observed at once. About the same time he noticed that his skin was becoming yellow.

When he came in, these symptoms were well marked. The patient was very ill. There was a little albumen in his urine.

The two chief symptoms were jaundice and ascites, and we have to consider what is their most probable cause. Perhaps the commonest is cirrhosis of the liver, due to intemperance in drink. Another common cause of jaundice and ascites is cancer.

Before going further, let us consider the conditions which may give rise to each of these two symptoms.

Ascites may be a part of general *cardiac dropsy*. It occurs in the later stages of valvular disease, but not in any other diseases of the heart. In cases of valvular disease the backward pressure of the blood ultimately causes congestion of the portal system, and passive exudation takes place into the peritoneal cavity. In cases of *renal dropsy*, also, you may see ascites in the later periods. This is probably due partly to inflammation and only partly to exudation. You should remember this when you tap such patients, for there is more danger of peritonitis following this operation in cases of Bright's disease than in any other. Then there is a *portal dropsy*, which is caused by anything which presses on the portal vein, just as a crutch pressing on the axillary vein causes œdema of the arm. By far the most common cause of this is cirrhosis of the liver, which mostly occurs in men between the ages of 30 and 50 who have drunk freely. It causes ascites by contracting the branches of the portal vein in the liver. But anything which presses on the portal vein produces it, such as hydatid cyst or cancer of the adjacent structures.

Then, ascites may be of an inflammatory origin. Very rarely it may be due to *acute peritonitis*. The rarity of this symptom is due to the fact that usually in acute peritonitis the inflammatory effusion consists of plastic lymph, or pus, or both. You remember the case I lectured on lately in which a hydatid cyst had ruptured into the abdomen and set up acute peritonitis with effusion. But this case was quite an exception. In acute peritonitis the abdomen is much swollen, but this is due to gas in the intestines, and not to fluid in the peritoneum. Then, ascites may be due to *subacute peritonitis*, and I have seen a good many cases of this kind. But the peritonitis that usually causes ascites is *chronic*. In these cases the amount of fluid is very large, and it continually recurs after repeated tappings. This chronic peritonitis may be tuberculous or cancerous, or due to chronic Bright's disease, or apparently idiopathic. Usually, there are no adhesions, but great thickening of the peritoneum.

The commonest liquid obtained by tapping is *serous*. When this contains small fibrous clots, it is almost certain to be an inflammatory exudation.

Then it may be *bilious* in character, as in the little girl with a ruptured hydatid cyst of the liver, whose case I related in a former lecture. In cases of cancer, and sometimes of tubercle, the fluid is *hæmorrhagic*. Occasionally, ascitic fluid may be *purulent*. This occurs in some cases of tubercle, and in septic peritonitis. Lastly, the fluid may be *chylous*. This is very rare, and is probably always due to rupture of lacteals or other lymphatic vessels.

Now, as to the second symptom, *Icterus*.

First, let us consider what people call "simple" jaundice. It is called simple because it is not accompanied by any other symptom nor preceded by any known cause. Though simple in this respect, it is the most difficult of all kinds of icterus to explain satisfactorily.

There is no treatment required, and the prognosis is good, so that this form of jaundice is sometimes called "benign." The only fear is that other symptoms may develop. Thus, in healthy young men and women "simple" jaundice may be the beginning of the most fatal kind of all, which attends acute yellow atrophy

of the liver. This is happily a rare disease. It begins very insidiously, but in a few days the liver is reduced to two-thirds or one-half its ordinary size. The patient passes albumen in his urine with leucin and tyrosin. He is delirious, suffers from hæmorrhage, and in a short time becomes comatose.

Then, to come to the forms of jaundice that we can explain as certainly due to obstruction. The first is the jaundice of gall-stones. In this we not only find a yellow discolouration of the skin and conjunctivæ, but also pain, vomiting, and the absence of pigment in the fæces. What occurs in this case is that a gall-stone obstructs the common bile-duct, so that the bile not being able to pass into the intestines, is absorbed by the lymphatics.

The same effect will be produced by anything which narrows the ducts, as suppuration of the gall-bladder, cancer arising in the columnar epithelium of the gall-passages, and cancer of the duodenum or the head of the pancreas.

The next most common cause of jaundice is cirrhosis of the liver. This affects the small ramifications of the bile-ducts in the liver.

Besides these causes of jaundice, however, there are some less frequent and less striking. A nutmeg liver due to portal congestion is accompanied by a certain amount of jaundice. Then, jaundice is observed in various febrile diseases—remittent malarial fever, relapsing or famine fever, and yellow fever; but we do not see these fevers in this country. Typhus is occasionally accompanied with jaundice, but this, also, is now a rare disease in England. In Edinburgh, Glasgow and Dublin a few cases still occur.

Pyæmia is frequently accompanied by jaundice, particularly pyæmic abscesses in the liver. This is common in India, and it is frequently associated with dysentery. It has not been proved that dysentery is the cause of the abscess, and one frequently occurs without the other.

Lastly, jaundice may be produced by the venom of a snake's bite.

To return to the present case. Between cancer and cirrhosis it was not difficult to decide. The ascites was due to a cancerous peritonitis, and the jaundice to pressure of a cancerous mass on the common bile-duct. We thought that the primary seat of the cancer was the head of the pancreas, and that the liver might be affected secondarily. No lump, however, could be felt. The rectum, as far as we could make out, was quite normal. The liver was large, and the gall-bladder was distended and much enlarged, which would be explained by the pressure on the common bile-duct.

The patient died rather suddenly.

Post-mortem. — The spleen was somewhat swollen from portal obstruction; the kidneys were granular; the liver was studded with small lumps of cancer; and there was one large tumour. There was also an old hydatid cyst, which had cured itself. The bile-ducts were much dilated and thickened. There was a large mass of cancer in the head of the pancreas, and this was undoubtedly the primary seat of the disease.

Clinically, primary cancer of the head of the pancreas and cirrhosis of the liver may be distinguished by the fact that in the former case jaundice comes on early, while in the latter, as a rule, ascites appears early, and jaundice at a later stage.

Another sign that indicated the seat of the cancer in this case was the presence of some hard glands in the neck. When there is cancer in the head of the pancreas, the lymphatic glands of the liver are infected, and then the secondary cancer spreads up the mediastinum from gland to gland until it reaches the neck.

When we have a difficult case for diagnosis, it is reasonable to suppose it to belong to the class that occurs most frequently, for common things most commonly occur. From the cases on record we find that, in men, the commonest seat of a cancer is the stomach. The next in frequency is the rectum. Cancers of the stomach and rectum taken together probably form three-fourths of the total number of cases.

In women the commonest seat seems to be the uterus, next the stomach, and then the breast. In the second rank of frequency in men comes cancer of the lip and tongue, still more rarely of the fauces, pharynx, larynx, and the œsophagus. In men and women, cancer of the colon, particularly the sigmoid flexion, is next in order. Primary carcinoma of other parts is rare.

Again, remember that primary carcinoma —I am not speaking of malignant sarcoma— affects epithelial surfaces only, and that its common seats—uterus and mammæ, stomach and large intestine, mouth and gullet, bladder and testis — are very seldom the seats of secondary cancer. On the other hand, lymph glands, liver, bone, serous membranes—which are the more frequent tissues for secondary cancer—are seldom or never affected by a primary growth.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	8.	Aortic and mitral regurgitation.
	26.	Mitral stenosis.
	38.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	42.	Aortic stenosis and regurgitation. Mitral regurgitation.
	49.	Chlorosis.
Stephen	5.	Aortic regurgitation.
	16, 29.	Mitral regurgitation.
	33.	Thoracic aneurysm. Tracheal tugging.
Philip	5.	Pernicious anæmia. (Red blood corpuscules 13 per cent. Hæmoglobin 20 per cent).
	11.	Mitral regurgitation. Atheroma of aorta.
	36.	Mitral and tricuspid stenosis. Regurgitation.
Clinical	1.	Dilated heart.
	3.	? Pernicious anæmia.
	4.	Aortic stenosis and regurgitation.
	7.	Aortic stenosis and regurgitation. Mitral and tricuspid regurgitation.

Nervous System.

Mary	6.	Right hemiplegia and aphasia.
	23.	Exophthalmic goitre.
	37.	Tuberculous meningitis.
	45.	Hysterical aphonia.
	46.	Chorea.
	48.	Hemichorea.
Stephen	1.	?
	2.	Right hemiplegia and aphasia.
	27.	Pachymeningitis.
	32.	Spastic paraplegia.
Philip	9, 26, 31.	Chorea.
	13.	Diphtheritic paralysis.
	27.	Neuritis. Periostitis. Orchitis. Gummata. Syphilis.
Clinical	32.	Peripheral neuritis.

Alimentary System and Abdomen.

Mary	3.	Appendicitis.
	10.	Membranous colitis.
	14, 29, 35.	Gastric ulcer.
	20.	? Tuberculous peritonitis.
	32.	Dilated stomach. Carcinoma.
	41.	Subdiaphragmatic abscess.
Stephen	3.	Enlarged liver and spleen. Jaundice.
	6.	Enlarged liver. Carcinoma.
	7.	Abdominal pain. ? Cause.
	11.	Cirrhosis of liver.
	22.	Tuberculous peritonitis.
Philip	2.	Enlarged and tender liver.
	19.	Colic. Plumbism.
	20, 30.	? Appendicitis.
Clinical	11.	Carcinoma of cæcum.
	24.	Intestinal obstruction.

Typhoid Fever.

Mary	2, 4, 7, 16, 18, ? 31.	
Stephen	24, 39.	
Clinical	9, ? 16, 28.	

Respiratory System.

Mary	5, 12, 15, 36.	Phthisis.
	19.	Pleuritic effusion. Influenza.
	40, 47.	? Basal phthisis. ? Chronic pneumonia.
	Cot 57.	Broncho-pneumonia.
Stephen	9.	Phthisis. Albuminuria.
	12.	Bronchitis and emphysema. Cyanosis. ? Phthisis.
	19.	Bronchitis. Phthisis.
	23.	Phthisis. Hæmoptysis.
	28.	Pleurisy.
	30, 31, 36.	Phthisis.
Philip	4.	Diaphragmatic pleurisy.
	8.	Phthisis. Diabetes mellitus.
	10, 15.	Pleuritic effusion, left base.
	12.	Bronchitis and emphysema. Cyanosis.
	13, 17.	Phthisis.
	18.	Bronchitis and emphysema.
	25.	Empyema.
	29.	Mediastinal growth. Pleuritic effusion.
	33, 35.	Lobar pneumonia.
Clinical	5.	Bronchitis. Cyanosis.
	12.	Apical pneumonia.
	15, 22.	Pneumonia.

Genito-Urinary System.

Mary	27.	Cystitis.
	39.	Phosphaturia. ? Renal calculus.
	43.	Tuberculous kidneys.
Stephen	15.	Acute nephritis.
	25.	Chronic tubal nephritis.
Philip	3, 7.	Chronic tubal nephritis.
	8.	Diabetes mellitus. Phthisis.
	16.	Chronic tubal nephritis.
	21.	Chronic interstitial nephritis.
	28.	Acute or chronic nephritis.
	34, 39.	Acute nephritis.
Clinical	18.	Floating kidney.
	28.	? Tuberculous kidney. Erythema.

Miscellaneous.

Mary	11, 28.	Lupus vulgaris.
	22.	Osteo-arthritis.
	24.	Psoas and gluteal abscesses.
	44.	? Diphtheria.

STEPHEN 16. Peliosis rheumatica.
17. Lobar pneumonia.
35. Psoriasis.
PHILIP 1. Gout.

Acute Rheumatism.

MARY 1, 16, 25, 30, 34.
STEPHEN 8.

CASE UNDER DR. TAYLOR.

MARY 40. M. S., æt. 12. Admitted February 19th, for pain in lower part of abdomen and diarrhœa.

Three weeks before last Christmas, patient was seized with severe pain in the hypogastric region and diarrhœa Patient continued to get worse, and on Christmas-day, a doctor was called in, who said that patient's bladder was out of order, and blood was poor; he gave her some medicine, but she gradually got worse, and from Christmas-day she began to lose flesh rapidly. On January 15th, she came up to Dr. Washbourn's out-patients', and attended there for five weeks, but did not improve, so was admitted on February 19th.

On admission.—Temperature 97; pulse 100; respiration 22. Patient looked extremely anæmic and wasted; very weak, and unable to walk without assistance; arms and legs very thin.

Respiratory system.—Respiration 22; regular. Patient has a troublesome cough, worse at night; chest much wasted, no flatness to be detected; breathing chiefly diaphragmatic. Both sides of chest move equally on respiration. On percussion, no abnormal dulness to be detected in front of chest; behind there is dulness at right base extending upwards to angle of scapula in a line crossing seventh and eighth ribs. On auscultation, bronchial breathing can be heard at right base extending from upper border of eighth to upper border of eleventh rib, and externally to the scapular line. There is well marked pectoriloquy over this area but no bronchophony. Numerous consonating râles are to be heard over the dull area, extending upwards to the fifth rib.

On the 20th, the day after admission, no pectoriloquy could be heard at right base, but bronchophony was present. Cough about the same.

22nd. Breathing at right base not so hollow this morning. No pectoriloquy, but a small patch of ægophony in ninth intercostal space in the scapular line. No tubercle bacilli found in the sputum.

Diagnosis.—? Tuberculous ulceration of intestine. ? Basal phthisis. ? Chronic pneumonia.

In the Surgical Wards.

CLASSIFIED LIST OF CASES.

Bones, Injuries and Diseases of.

ACCIDENT 11. Fractured femur.
CORNELIUS 1, 17. Fractured tibia and fibula.
5. Double fractured patella due to muscular action.
CORNELIUS 19. Complicated fractures of fibula and ? tarsus.
ACCIDENT 20. Complicated fractures of fibula and ? tarsus.
LYDIA 21. Fractured tibia. ? At first greenstick.
LAZARUS 5. Old tuberculosis of ilium.
18. Exostosis of os calcis.
DORCAS 4. Abscess in tibia.
JOB 24. Necrosis of humerus.

Abdomen, Injuries and Diseases of.

CORNELIUS 7. Æt. 67. Abdominal injury, death in 60 hours. Autopsy showed sloughing cancer of colon, perforation, suppurative peritonitis.
LYDIA 19. Strangulated inguinal hernia. Taxis.
(cradle). Prolapsus ani, æt. 5 months.
LUKE 3. Strangulated inguinal hernia. Taxis.
MARTHA 10. Cystic swelling. ? Hydronephrosis. ? Ovarian. ? Hydatid.
15. Pyonephrosis. Nephrotomy. Drainage. Ovariotomy.
JOB 9. Growth in rectus abdominis, secondary to vesical growth.
PHILIP (private room). Papillary ovarian cyst.

Joints, Injuries and Diseases of.

Tuberculosis.
LYDIA 3. Ankle. Excision.
4. Knee. Successful excision.
10, 19. Elbow.
11. Hip. Excision. Æt. 39.
12. Shoulder. Excision.
22. ? Sacro-iliac. Old psoas abscess.
DORCAS 5. Tuberculous ankle.
CHARITY 2. Old hip. Successful excision.
14. Spine. Dorsal region. Paraplegia. Laminectomy.
NAAMAN 1. Spine. Lumbar region. Gluteal abscess.
LUKE 14. Gonorrhœal inflammation of knee.

Miscellaneous.

LUKE 2. Tumour in submaxillary region.
LYDIA 9. Lupus vulgaris on face.
DORCAS 2. Painful stump. Old amputation through femur for smash.
JOB 2. Otitis media. Antrectomy.
12. Epithelioma of skin.
13. Torticollis.
CHARITY 1. Otitis media. Antrectomy.

Abscess.

LUKE 11. Ischio-rectal.
JOB 5. Ischio-rectal.
11. Cold abscess over rib. ? Degenerating hæmatoma. ?? Cystic degeneration of nævus.
LYDIA 20. Æt. 12. Cold abscess in breast.

Inguinal and Scrotal.

Lazarus	1.	Infantile hydrocele.
	3.	? Inguinal hernia with hydrocele of hernial sac.
Naaman	15.	Tuberculous epididymitis. Castration.
Job	3.	Varicocele.
	4.	Cryptorchid.
	6.	Suppurating inguinal glands.
	21.	Left inguinal hernia and varicocele.

Breast.

Charity	13, 17.	Carcinoma. Removal.
	23.	Recurrent sarcomatous glands.
Lydia	5.	Double carcinoma. Both removed with axillary glands.
	13.	Sarcoma mammæ. Recurrent.

Urinary organs.

Luke	10.	? Tumour vesical benigna.
Charity	3.	Ditto maligna.

Rectum.

Martha	3.	Tuberculous ulceration (old).
Lydia	16.	Ruptured perinæum.

Mouth and Tongue.

Lazarus	2.	Recurrent epithelioma, floor of mouth.
	16.	Sloughing of palate. ? ? following typhus; subsequent syphilis.
Naaman	17.	? Epithelioma linguæ. Hemiglossectomy by Whitehead's method.
Job	19.	Cleft-palate.

THE ANTHRAX CASES IN JOB.

1. J. K., æt. 22. Admitted January 31st, with well-developed typical pustule on left cheek. Temperature 102°. Pimple first noticed on morning of 30th. Œdema extensive. Serum from vesicles swarming with bacilli. Pustule excised freely. Sterilized sulphur rubbed into wound. After treatment, Pulv. Ipecac. (de-emetized) gr. x. every four hours, with Quin. Sulp. gr. x., and Brandy ʒi. every four hours. Temperature normal on fourth day, five days after onset. Œdema disappeared by ninth day. Went out February 25th.

2. J. E., æt. 42. Admitted February 1st. Temperature 99·8°. Pustule small, typical, situated on right side of neck, just below angle of jaw. Œdema very slight. Plenty of bacilli found in serum. Onset, January 29th, as a small pimple. Treatment as before. Temperature fell to normal on third day after operation, sixth day of disease. Patient went out February 26th.

3. E. J., æt. 39. Admitted February 3rd. Temperature 98°. Pustule very atypical, with large eschar, with a few confluent vesicles situated on upper lip, near angle of mouth on right side. Few bacilli found. Onset, on January 28th, a small pimple. Treatment as above. Temperature rose to 101·6° on the fourth day, but was normal on sixth, eight days after onset. Œdema disappeared on eleventh. Patient went out February 26th.

4. W. M., æt. 43. Admitted February 3rd. Temperature 98·4°. Pustule on right side of neck. This was typical in appearance—a black centre about the size of a sixpence, surrounded by œdema, and an enlarged gland near angle of jaw. Onset, January 30th, as a boil. Treatment as above. Slight pyrexia for two days. Temperature normal on the fourth day, seven days after onset. Went out February 26th.

5. W. B., æt. 51. Admitted February 4th. Pustule situated over the triceps, on back of left arm, atypical. One or two doubtful bacilli found before excision. Œdema very extensive, down to elbow and up to axilla. Glands in axilla. Onset, January 30th. *Treatment.*—Patient was suffering from bronchitis, and seemed so ill that pustule was excised under nitrous oxide anæsthesia. The tissues round the lesion were removed down to the deep fascia, and sulphur was used to rub into wound, as in other cases. Bacilli were demonstrated in the pustule after excision in very small numbers. Temperature on fifth day rose to 104°, but fell to normal on the eighth, nine days after onset. No rhonchi heard in chest on thirteenth. Cough much better; breathes easier. Went out February 25th.

6. R. H., æt. 29. Admitted February 4th. Pustule quite typical on right side of neck, about one and a half inches below angle of jaw. First appeared on morning of February 4th. The serum from the vesicles found to be swarming with bacilli. No œdema. Temperature on admission 100°. Patient had a rigor soon after getting into the ward. *Treatment.*—Excision and powdered Ipecac. rubbed into the wound. Patient also put on Pulv. Ipecac. gr. x., every four hours. Hot boracic fomentations used to the wound. On third day after admission patient was sick, the vomit containing a little blood. Œdema spreading on to the chest. Later in the day, vesicles were discovered near the lower margin of the wound. Fresh powdered ipecac. was rubbed in and a dry dressing put on. Temperature rose on fourth day to 104°; sickness continued. Ipecac. was stopped internally. Œdema now spread to left side of neck and face. A larger portion of tissue below the first wound was excised to remove all the secondary vesicles. Sulphur was rubbed into the wound on this occasion. B. Anthracis found in serum of secondary vesicles, in the blood and in the vomit. On the fifth day temperature fell to 101°, and by the eighth day had reached normal. On the sixth day patient was light-headed, and had hallucinations; he could only be kept in bed with difficulty, and on the eighth day had to be removed to the strong-room, the delirium becoming much more pronounced. The œdema gradually diminished and the delirium subsided. Subconjunctival hæmorrhages appeared on the tenth day, most marked at outer canthus. He was brought down to the ward

on February 18th. He had slight pyrexia from the 12th to the 18th. Patient went out February 27th.

Remarks.—Of the above cases only the two last presented very interesting features, the one having a concurrent attack of bronchitis; the other exhibiting cerebral symptoms.

It was interesting that all the men appeared to have been inoculated from the same source, five of them working in the Neckinger yards of one firm, while No. 6 worked at Sun & Topping's wharf, where the hides handled by the other men were unloaded. The skins to which the men attributed the contagion were German goat skins. The first five men caught the disease on or about January 30th; one as early as January 28th. The temperature reached normal about the fourth day after excision.

The treatment adopted in all the cases was to rub sulphur into the wound left by the excision; this acted as a powerful caustic and caused extensive sloughing.

The gauze and sulphur was in every case removed in twenty-four hours. All the cases were treated with ten grains of de-emetized Ipecacuanha every four hours, some having five grains of Quinine in addition.

In the case where the powdered Ipecac. was first rubbed into the wound there was very little sloughing, and a further portion had to be excised. After the sulphur was used extensive cauterization took place and no further extension of œdema followed. This case presented the symptoms which seem most grave, low muttering delirium, nystagmus, meningeal, and subconjunctival hæmorrhages. Two out of the three deaths in Job during the last few years have been due to subarachnoid hæmorrhage, the other being due to œdema of the larynx.

From the cases lately in the Hospital, the prognosis would seem to be not so grave as it is generally regarded. Either our treatment has improved, or we are dealing with a much milder form of disease. The most anxious case, however, was that of a young, healthy man, æt. 29, who came up for treatment on the same day as the "pustule" was first noticed, and so had the best chance. In this case, not until the powdered ipecacuanha was substituted for sulphur, was the spread of the local inoculation ceased.

How much can be attributed to the caustic action of the sulphur externally, and how much to the internal administration of ipecacuanha, it is difficult to judge.

B. A. RICHMOND.

Appointments.

DAVISON, T. S., L.D.S. Eng., has been appointed Honorary Dental Surgeon to the Darlington Hospital and Dispensary.

DONNELLY, W. T. B., M.B., B.S. Durh., M.R.C.S., etc., has been appointed Honorary Medical Officer in charge of out-patients at Miller Hospital, Greenwich, *vice* E. H. Ezard, M.D., D.S.C., resigned.

A Case of Aphasia with Left-sided Convulsions.

I WAS called out at 12 p.m. on January 23rd, to see a young man, aged 24 years, who could not speak. On the way down, and subsequently, I gleaned the following facts concerning his family history:—

His mother died in a confinement. His father had been a soldier for nine years, and had been abroad, where he had an attack of "sunstroke." According to his uncle he was "always boozing." I could get no specific history. There had been nine children, four of whom only are now living.

I found him sitting in a chair, absolutely speechless, with eyes wide open, and an expressionless face. I told them to put him to bed, and I would call again in the morning. Both his knee-jerks were exaggerated.

Notes.—January 24th. Remained in a semi-comatose condition all day; able to swallow a little milk, and some iodide of potassium.

25th. Twitching of left side of face commenced to-day. No paralysis of left arm or leg, but some paresis. Knee-jerks exaggerated. Some dysphagia.

26th. Had a definite epileptic fit on left side of body only. Twitching of left corner of mouth continues. Still unable to speak. Swallowing still more difficult. His bowels have not been moved since commencement of attack, notwithstanding the administration of two drops of croton oil. I therefore gave him a copious enema (about three pints) of olive oil and starch (one and a half pints), and as, after waiting ten minutes, that did not act, I injected another (one and a half pints) of soap and water. The whole of this was retained until the next morning, when it was evacuated, together with a little fæces.

27th. Totally unable to swallow this morning. I had, therefore, to pass a Jacques catheter through the nose into the œsophagus, and was thus able to give him a pint of milk and some iodide of potassium. He did not seem to feel the tube passing at all. Twitching of face had ceased to-day.

28th. No change.

29th. Patient is being seen twice daily, and tube passed each time. Given one pint of milk and a dose of his medicine in the morning, and in the evening about three-quarters of a pint of milk and some aloes, as his bowels had not acted. He was able, though very indistinctly, to name the following articles when shown him: string-box, pill, knife (which when closed he mistook for a razor), bottle, coat, handkerchief, my hand, and also to say good night.

30th. Fed as usual by tube and given a dose of his medicine. Was able to touch his nose: also said good morning, and able to name the following articles: scissors, cork, pencil, book, box, sheet, blanket, nail, rag, clock, also figures on face when pointed at, both consecutively and dodging, thermometer, shilling, penny, and two-shilling piece.

31st. Sensation returning in nose. I could not pass the nasal tube very far, thus only able to give about half a pint of milk; he said, "it hurts me"; left tube in, but when I saw him in the evening he had pulled it out, so I passed it again with the aid of stillette of a gum elastic catheter bent into shape. He could name these articles: lace, nose, ear, teeth. He was able to tell me my name, which I had only told him the previous evening. He read the following words: elementary, America, Europe, Africa, Constantinople, and said good night.

February 1st. When I arrived in the morning, I found he had pulled the tube (which I had left in the night before) out, and that he had lost a quantity of blood from his nose (this did him good, I think); his bowels had also begun to act freely, and some undigested milk passed. He was able now to swallow a little, if fed by spoonfuls, and I gave him about half a pint of milk that way, and also his medicine; he put out his hand and said good morning fairly distinctly.

1st (afternoon). Bowels have been acting copiously all day, and left him rather weak. Able to swallow much better and without any milk returning. I got him to write "Dear George," which he did fairly well, but was going to leave out the "e" at the end of George, but put it in directly I told him; he could put out his hand and say good night pretty well, and also told me my name.

2nd (10.15 a.m.). Able to drink slowly from a glass, also to do an addition, subtraction and multiplication sum, and to tell me his name, speaking much more distinctly.

3rd (evening). About the same.

5th. *More improvement; gaining strength.*

6th. Diarrhœa very troublesome again; gave him a draught containing 30 minims of Tr. Opii, but although this made him drowsy it did not stop the diarrhœa. In the evening he was sick, and brought up his medicine and milk—about half a pint.

7th. Talking more distinctly; diarrhœa stopping; swallowing improving.

8th. Able to read a little; swallowing still better.

9th. More natural looking to-day. Showed me he had not forgotten how to laugh.

10th. Much better; but still unable to originate ideas.

11th. Still improving. His sister told him she was going out, so he asked her when she would be coming back, showing partial ability to originate ideas. Knee-jerks still brisk.

12th. Great improvement; said he was thirsty to-day.

13th. Much stronger; able to write something without external suggestion.

18th. Since last note there has been gradual and sure improvement; he is now able to get up for two or three hours each day.

20th. Swallowing quite recovered; appetite fair; talking distinct but slow. He does not say much of his own will, and his movements are slow, otherwise he seems all right, but rather weak.

Remarks.—There are a few points in the course and treatment of this very interesting case which require emphasizing. Although he is not a left-handed man, and never was as far as history goes, yet the convulsions were on the left side of the body. There was a marked rigidity for a short time of the right arm, but this seemed more from slow cerebration or reflex irritation, as it came after the convulsions of the left side; he was at first constantly looking to the right, and his left sterno-mastoid was firm and rigid. There was no trouble in passing the tube through the nose, both nostrils being almost insensitive, but as sensation returned, it became more and more difficult to pass, and at last he struggled so much that I had to give up the attempt; his power of swallowing gradually returned, so that the tube became unnecessary. His bowels did not act until sensation was returning, and then they acted too much, and something had to be given to stop the diarrhœa. The improvement in speech and swallowing was quite remarkable to anyone watching the case, and I attribute it to the large doses of iodide of potassium administered. He would have got on quicker still had it not been for the diarrhœa, which weakened him very much.

The diagnosis was made more difficult at first owing to the history of an injury (twelve years ago) caused by a boy throwing a stone at him, which cut open his head. In confirmation of this there was a depression to be felt on the right side of the head, exactly over the motor area, and as the convulsions were on the left side of the body, one thought of a spicule of bone causing irritation. I came to the conclusion that the only connection between the two was that, owing to the injury, this was the most likely area of the brain to be attacked by the disease. This seems to be borne out by the recovery without operation. There is nothing more to add except to say that the improvement in him is still maintained. He is able to get up and do things for himself quite well now.

Hemel Hempstead, Herts. W. A. C.

Pass List.

University of London, January, 1896.

INTERMEDIATE EXAMINATION IN MEDICINE.

ENTIRE EXAMINATION.

SECOND DIVISION.

Alexander, K. B.	Eason, H. L.
Balderston, R.	Glover, J. A.

EXCLUDING PHYSIOLOGY.

SECOND DIVISION.

Fox, H. E. C.	Owsley, G. C.
Ibotson, E. C. B.	Parrett, E. E.

PHYSIOLOGY ONLY.

Handson, L. E. C.	Stuart, W. L.

The Re-Endowment Fund.

SINCE our last issue the following additional names have been added to the list of Stewards for the Festival Dinner:—The Earl of Leven and Melville, Earl Grey, the Earl of Warwick, Lord Lawrence, Lord Rothschild, Lord Russell of Killowen, Lord Tweedmouth, Sir William C. Brooks, Bart., Sir Mark W. Collet, Bart., Sir Joseph Fayrer, Bart., Sir Trevor Lawrence, Bart., Sir Thomas Lucas, Bart., Sir Frederick Milner, Bart., Hon. Alban Gibbs, M.P., Hon. Evelyn Hubbard, M.P., Hon. Walter Rothschild, Col. Bevington, Col. J. T. North, Lieut.-Col. J. F. Curtis-Hayward, James E. B. Baillie, Esq., M.P., Robert Barclay, Esq., A. Beit, Esq., W. H. Burns, Esq., B. L. Cohen, Esq., J. S. Gilliat, Esq., M.P., W. H. Grenfell, Esq., A. F. Hills, Esq., G. T. Huntley, Esq., H. Lafone, Esq., A. J. Lawrence, Esq., Edward Letchworth, Esq., G. F. McCorquodale, Esq., H. F. Pollock, Esq., M.P., W. S. Seton-Karr, Esq., J. A. Shaw Stewart, Esq., Oswald A. Smith, Esq., W. P. Treloar, Esq.

Most substantial proofs are coming to hand from old Guy's men of their sympathy with the Hospital. If what has been already done in a few instances may be taken as a general indication of what will be forthcoming, then the contribution from this source to the Dinner Fund will be magnificent indeed.

The goodwill of the Students was demonstrated beyond measure by the splendid meeting which assembled on Wednesday last at the call of the Residents, and filled the Anatomical Theatre from floor to gallery. Mr. A. H. H. Partridge, who presided, introduced the subject of Re-endowment clearly and concisely, and then called upon Mr. L. E. V. Every-Clayton, who in a most eloquent speech urged every Student to share in the privilege of helping his Alma Mater at this crisis. Mr. Every-Clayton's suggestion that men might with advantage work their collecting books through their own or other men's sisters gave immense satisfaction, and great applause followed the conclusion of the speech.

Several of those present asked for information on various points, and the chairman explained *inter alia* that it was now considered more convenient that amounts obtained by Students should be paid in to the Secretary to the Treasurer, and not to the Residents; that any sums which Students might have collected on the old cards, and not yet paid in, should be transferred to the new blue books, and the old cards handed in at the office, from whence supplies of Re-endowment literature could be obtained.

The opinion of the meeting was then taken by Mr. A. V. Clarke moving "That this meeting begs to offer its cordial support to the movement at present on foot for the re-endowment of Guy's Hospital, and earnestly hopes that all present Students of the Hospital will join in the effort." This was seconded by Mr. E. T. Shorland, and carried *nem. con.* amid much enthusiasm.

The Bancroft Dramatic Club have generously arranged to give a performance at St. George's Hall, Langham Place, probably on May 4th, in aid of the Fund. It is desired that Students should identify themselves with this particular entertainment, and the proceeds will go to the Students' collection. Mr. Stanley Cock is kindly acting as hon. secretary, and announcements will shortly be made.

Should any old Guy's man or present Student not be in possession of a copy of the small blue collecting book, will he kindly apply for the same, in the case of the former, to Mr. C. H. Wells; if the latter, to Mr. Morley, at the Medical Office. One further word may be said—the time between now and the Festival Dinner is short, and the work to be done great.

Dinner of the Dental Society.

THE First Dinner in connection with the Dental Society was held on Saturday, February 22nd, at Frascati's Restaurant, Oxford Street. Mr. Maggs, the President of the Society, presided over a numerous company—eighty-four gentlemen being present, including Mr. Badcock and Mr. Pillin (Vice-Presidents), Dr. Silk, Dr. Cock, Mr. Rouw, Mr. Ogle, Dr. Lancaster, Mr. Richards, Dr. Scott, Mr. Hopson (Treasurer), Messrs. J. F. E. Colyer, J. Maggs, Pritchett, V. E. Collins, Henry, J. L. Payne, P. F. Henry, E. D. Bascombe, K. W. Goady and C. A. Wilson (Committee), and A. DeMierre (Secretary). An excellent menu was provided. The Chairman proposed the toast of "The Queen and Royal Family," after which followed "The Dental Society," "Prosperity to Guy's Medical and Dental Schools," "The Chairman," and "The Secretary." Two subjects were specially alluded to in the speeches; the principal one was the Sustentation Fund, several speakers mentioning it; the other was the hope that the dinner would become an annual affair, especially after the splendid start that had been made that night.

There was a lengthy programme of songs, etc., all of which went very well. "I would I were a King," ably sung by Mr. Constanduros, was enthusiastically encored, Mr. T. Godfrey was very much in evidence with his two songs, "Lizabeth" and "The Billposter," both of which were encored. Mr. E. G. Wallis was also recalled for his song "She wanted something to play with," parodied by one of our Hospital poets, Mr. N. H. Oliver. Messrs. Floyd, Bascombe and Bell also contributed to the success of the evening by accompanying the songs. Altogether, the dinner was a great success, there being plenty of "go" about it from start to finish. Shortly after eleven o'clock, "Auld Lang Syne," followed by "God Save the Queen," brought a grand evening to a close.

Passim.

To-night at 7.30 p.m. in the Smoking Room, Mr. Fortescue-Brickdale will uphold at the Annual Ladies' Night of the Debating Society—"That it is not under all circumstances, either expedient or justifiable to speak the truth." Mr. L. A. Parry will lead the oppposition, while Dr. Pavy will, from the chair, act as arbitrator on all knotty points of argument.

Next Saturday evening, the 7th, will be occupied by the Physical Society in listening to Mr. G. E. Richmond's paper on the "Evolution of Sex."

On Wednesday next at 1.45, Dr. Galabin will deliver his third clinical lecture on Gynæcology, in the chemical theatre, the subject being on this occasion "Dysmenorrhœa."

Once more—for the fifth consecutive year—the Inter-Hospital Cross Country Cup has returned to its home within our walls, for, as seen by reference to another column, Guy's had the first four men home. Messrs. Balderston, Fremantle and Baker all ran excellently, the former running a dead-heat for first place in the closed handicap, combined with the Inter-Hospital race. And of Mr. H. A. Munro, what can be said? Now for the fifth year he wins this race and the Lea Harriers Hulton Cup at the same time; never before has he done such good time, and yet we are convinced that if he competes next year he will beat his latest effort. Who is worthy to sing his praises? We are seriously thinking of advertising for a local Homer to sing lyrics to our noble "Stag."

Everyone has regretted the sad accident which befell our Rugger Captain, Mr. K. B. Alexander, in the Surrey v. Yorkshire match. We are glad to see him about again, recovered from the effects of concussion, but still carrying an arm in a sling owing to a partially dislocated clavicle, with ruptured ligaments, and pleased to find that, as at first feared, his clavicle is not broken. He has managed to combine work and footer well during the winter months, as the Inter. M.B. list in another column testifies, and all will join us in wishing him a speedy and complete recovery.

Mr. C. E. Carpmael, M.B., B.S., has been appointed Resident Medical Officer in Bright ward, on the resignation of Mr. L. A. Parry. We shall all be pleased to have Mr. Carpmael back amongst us for a short period to come.

The annual gymnastic and boxing competitions in connection with the Pavy Gymnasium are announced for next Wednesday and Thursday evenings, March the 4th and 5th. On the following evening there will be a display of all arms before Dr. Pavy, after which he, as President, will distribute the prizes.

We noticed in the *Daily News* of last week that honourable mention was made of Mr. Wordsworth Poole in the recent expedition against Mlozi, in Nyassaland, and that he was one of the first to set foot in the rebel chief's stronghold. Bravo, Guy's!

Our defeat last Friday week by St. Bart.'s—who were undoubtedly the better team—leaves four Hospitals in for the semi-final round of the Rugby Cup. The St. Thomas's v. St. Bart.'s match had to be postponed on account of frost from last Tuesday until Thursday next, and the St. George's v. King's match is set down for decision early the following week.

The Inter-Hospital Association Cup Ties have now reached the semi-final, for to-day

(Friday) St. Mary's are to try conclusions with University (weather permitting), and next Tuesday the other pair, St. Bart.'s and London, will play their ties. We congratulate St. Bart.'s on reaching the semi-final round in both competitions, and feel sure that their chance of ultimate success in both ties is no slight one.

The return of Mr. J. R. Steinhaeuser to his duties as Assistant House-Surgeon after his recent short though sharp attack of diphtheria, has been very satisfactory and pleasing to all who work with him. We congratulate him on the combative power of his leucocytes.

Surely, Prince, the pet pug of the surgery, whose "case" we noticed a month ago, was born under an unlucky star, for one morning this week saw *her* led away by a stalwart P.C. to the police-station for having failed to obey the recently enforced muzzling order. However, timely intercession was made with the authorities, and peace—and "Prince"—were restored within our walls. We imagine there is some saving clause in the case of "patients," for we notice that even now the muzzle is "non est."

The systematic reporting of clinical lectures has become a vast undertaking, and at the present time we have not at hand sufficient shorthand reporters for that purpose. So if there is anyone about Guy's, or about any other of the Hospitals, willing to spend a little time—say to do one lecture a week—for a small honorarium, we shall be glad to hear from him.

Our modesty had up to the present restrained us from the idea that the Gazette was a periodical of more than lasting importance to any except the very few, but the recent application of the British Museum authorities to be supplied with complete volumes since the Gazette's commencement, seems to point that it may be of some use to the community at large.

Some few issues ago we called attention to some letters we had received from the Secretary of the London Hospital Chess Club, relative to some proposed matches with our "Club," which, as we pointed out, does not exist. We have now had put into our hands a letter from the St. John's College, Battersea, Chess Club, asking for fixtures. Are these opportunities to be lost? —and there must be many others like them. Surely there is some chess player about the place energetic enough to set such a club going.

We learn from the Superintendent that telephonic communication is being established between Dorcas ward and the College. It is to be hoped that this is but the beginning of the end, and that shortly each one of the Surgical wards, as is now the case with the Medical wards, will be in similarly direct communication with the residents.

The whole Hospital and its various accessory buildings are now sharing the new water supply from the artesian well in front of Petersham buildings; this alteration has already proved itself a most economical measure, for we are informed that the water bill for the last quarter was £24 less than the previous one. This speaks for itself.

A new and mighty boiler has been erected in the cellars under the Front Porter's Lodge, to warm, by means of pipes, the private examination rooms attached to the Front Surgery, Sisters' Room, the Superintendent's Office, the Matron's Office, the Surgical Registrar's Room, in each of which radiators will carry out the heating effect. Besides this, the boiler is intended to furnish a constant supply of hot water to the Operating Theatre, and also in the summer to the Front Surgery, where a scorching fire in the hot weather will be no longer necessary.

We feel—and we are glad to be in a position to feel it—that we owe an apology to those gentlemen whose articles are compulsorily held over till our next issue. This week this was absolutely necessary, as by our last issue we gained the momentary wrath of HIM who holds

the postage-stamps, by running to twenty-eight pages, and so getting outside the ½d. postage limit.

The departure of Mr. H. J. Spon by train, *en route* for Southampton, was witnessed by quite a crowd of well-wishers on Saturday last. Every one felt sad at losing so firm a friend, even for a time; yet glad that he had been given an opportunity of bringing further credit both on his Hospital and himself.

The Dental School Committee have appointed Mr. Burt Dental Mechanic, to teach and supervise the practice of Mechanics in its various branches.

Of late the light which finds its way through the windows at the entrance to the Colonnade has been blocked out on the east side, for boards bar the window as a preliminary trial of the permanent effects which would be produced by its transformation into a new and larger letter-rack. The alterations are to be carried out at once, and thus the terrible crush at the narrowest part of the Colonnade portal will be avoided, though enquirers for letters will have to pass outside the main doorway and pass under the covered window to the left to obtain their letters.

The following is a brief memorandum of the chief events of importance during the next fortnight:—

To-day. —1st XV. v. Old Leysians, at Stamford Bridge.
2nd XV. v. Beckenham, at Honor Oak Park.
1st XI. v. St. Albans, at St. Albans.
2nd XI. v. Stockwell, at Honor Oak Park.
Debating Society Meeting, 7.30 p.m.

Mar. 2nd.—"Goblins" ('91 Club) Dinner, at the City Tavern.

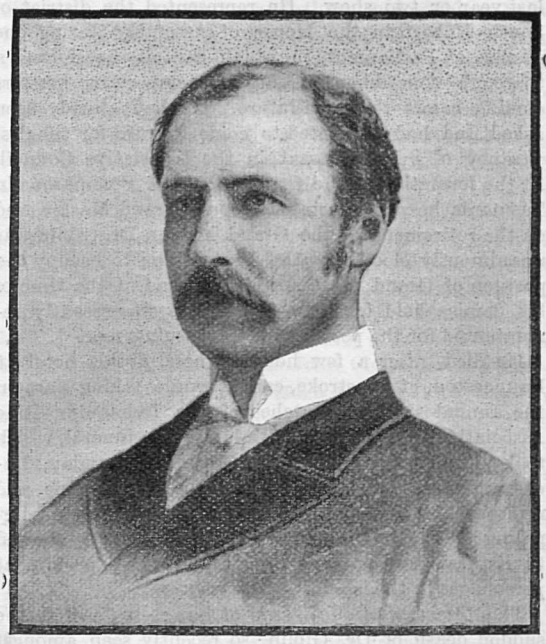
" 4th, 5th, 6th, Wednesday, Thursday and Friday, Gymnastic and Boxing Competitions.

" 7th.—1st XV. v. Richmond.
2nd XV. v. London and Westminster Bank.
2nd XI. v. Carlton.
Physical Society Meeting.

" 11th.—'89 Club Dinner at St. James's Restaurant.

Obituary.

Dr. E. O. Giblin.



Edward Owen Giblin, son of the late Mr. Thomas Giblin, a former manager of the Bank of Van Diemen's Land, was born at Claremont, New Town, on November 23rd, 1849. He was educated at the High School, Hobart, and Horton College, and passed the A.A. degree in 1866. He studied at the General Hospital for a time, and afterwards proceeding to London, entered Guy's Hospital, where he had obtained the second entrance prize. Here he pursued his studies with diligence and honour. In 1874 he was registered a M.R.C.S. Eng., and in 1876 as M.B. and C.M. of Aberdeen University, and M.D. in 1878. He returned to Hobart in 1877, and had practised there ever since, his skill and geniality gaining him one of the most extensive and best practices in the city. He married a daughter of the late Mr. G. C. Westbrook, of that city, whom he has left with a family of two sons and two daughters to mourn their loss. His aged mother also survives him. Much of his time — of recent years particularly — has been devoted to public matters. He had been an active member of the Hospital Board and an honorary surgeon to the General Hospital for some years; also Health Officer of the city, a member of the Council of the University, a director of the Australian Mutual Provident Society, and a member of the Central Board of Health and the Metropolitan Drainage Board, in the operations of which he took the deepest interest. The Volunteer and Defence movement had in him a strong supporter,

and at the time of his death he held the position of Surgeon-Major in the T.R.A. Latterly he had personally gone in greatly for rifle-shooting, and had rapidly gained a position in the first ranks of the marksmen of the colony, as his records at the shooting matches of the last year or two show. He represented the district of South Hobart in the House of Assembly during one session of Parliament, in which capacity he showed a thorough comprehension of the important matters coming before the Legislature. He had already been asked and had consented to come forward for the first vacancy of a Hobart seat in the Legislative Council. At the formation of the Grand Lodge of Freemasons in Tasmania he was appointed Deputy Grand Master, and on the retirement of the Grand Master, Dr. Giblin was unanimously elected by the Freemasons to occupy the position of Grand Master, which he had at the time of his demise held for some years. He was recently re-nominated for the position for the ensuing year.

He died, after a few hours' illness, at his hotel at Launceston, of sunstroke, caught while taking part in the annual shooting matches of the Tasmanian Rifle Association, on December 27th last. The funeral, which took place at St. John's, New Town, on Sunday, December 29th, was carried out with full masonic and military honours, and was of a most solemn and imposing character throughout, the coffin being followed to its last resting-place by all the most prominent personages in the island.

The *Tasmanian Mail* says of him:—"We find the sudden death of Dr. Giblin, so recently seen amongst us in the vigour of life, the topic of conversation from one end of the colony to the other, alike in the remote bush as in the busy haunts of men; for, he was a man widely and favourably known. He had filled several public offices, some of them for a considerable length of time, and he had been a member of the House of Assembly, where he showed a considerable aptitude for public business, and a courtesy of speech which might well be imitated by others in that place. It was understood that he purposed becoming a candidate for the Legislative Council on a vacancy occurring, nor can there be a doubt that such men as he are much required in that House of Review. But all the hopes and plans have been cut short by the stroke of fate which carried him off in so sudden a manner, leaving, it is but too true to say, a host of sorrowing people to lament his loss. We shall not attempt to trouble our readers with reflections on this sudden death, which are trite and common enough to most persons, but especially to those who have passed the middle-age, and can count many friends and public men passed away. Still we must all feel the force of the bitter reflection of Tennyson when lamenting the loss of his friend:—

> 'That loss is common would not make
> My own grief less, nay, rather more;
> Too common, never morning wore
> To evening but some heart did break.'

And this is all the consolation that remains to anyone when the stroke falls, that is, to know that our grief is not peculiar, but shared with all humanity as its common heritage."

We have received the following appreciation from one of his contemporaries at Guy's, and later a colleague in the Colonies:—"As a matter of interest to your readers, I regret to inform you of the death of the late Dr. E. O. Giblin, of Hobart, Tasmania, who, together with Dr. Oscar Jennings, and, I think, Mr. Godde Smith, were the original founders of your Journal. The promise of his student days was amply justified by his after professional career, which was a most successful one. In addition to his various medical appointments, he filled many public offices, being Grand Master of the Freemasons in Tasmania, a member of the local House of Assembly, etc. Giblin was a man of singularly fine presence and of most winning address, and by his untimely death has left a gap in the profession in Australasia which will not easily be filled. It is a melancholy coincidence that Arthur Dacre (Dr. Arthur Culver James), who recently committed suicide in Sydney, was a Guy's contemporary of Giblin."

Guy's Hospital Missionary Society.

THIS Society met on Tuesday, February 18th, at 8 p.m., in the Court Room by the kindness of the authorities; Dr. Thomas Stevenson being in the chair. There was a good attendance of some fifty members and visitors, including the Treasurer.

The Chaplain having opened the meeting with prayer, the Secretary announced that Miss Bryant, recently Night Sister in the Hospital, had been accepted by the Church Missionary Society for foreign service; and that when her destination and date of departure was announced an appeal would be made for funds to assist in her outfit, according to a rule recently passed by the Committee.

Miss MULVANEY, of the Zenana Missionary Society, stationed at Calcutta, gave a fervent address on the work waiting to be done amongst the Mahommedans, to whom she is especially sent. She admitted the need of enthusiasm in the breaking through of home-ties, but urged the intrinsic pleasure of the life, especially when coupled with that of the medical or nursing profession, which was, perhaps, the most successful method of doing missionary work. An account was given of the noble life of the late Mr. Jani Alli, an old Cambridge man and pupil of Robert Noble, of Masulipatam, who, by virtue of his education, could have obtained many positions of great honour and large stipend, but preferred to spend his life in the management of the Robert Noble School and the training of Mahommedan boys with every opportunity for understanding and adopting the Christian faith. The difficulties experienced by Indian women, both from relations and from English people, in being baptized were also dwelt on, and an instance given in the case of a woman who writes after ten years to say that she is ready for baptism, and that her father is now wishing

for instruction himself. The Mahommedan mind is one of the hardest to influence. It has settled down to the hard crust of fatalism, and, like all lies that are only half lies, its pretensions are the hardest to refute.

The CHAIRMAN thanked Miss Mulvaney for her address, and took the opportunity to congratulate the society upon the large attendance present. In confessing his sense of the value of foreign missions, he recommended to everyone's perusal a paper on the subject by the Bishop of Ripon in last month's number of the *Contemporary Review*, and expressed it as his opinion that, as a rule, the keenest supporters of foreign missions were those who worked in home missions. He appealed for liberal contributions to the fund, and introduced to the meeting the next speaker.

The Rev. F. BARING-GOULD, secretary of the Church Missionary Society, gave a most entertaining and interesting address, which it is to be hoped may now be looked on as an annual fixture. He began by an apology, in the face of the chairman's introduction, for having been only connected officially with the C.M.S. for eight years, and having never been an actual missionary, although he has visited many of the stations of the society. As Miss Mulvaney had spoken of India, he would now speak of China and Japan.

As to Japan, he suggested that if there were such a thing as a conceited young man or woman in Guy's—which he did not suppose was the case—that person should be at once transported to Japan, where, if anywhere, a cure would be effected. The wonderful progress of the Japanese is beyond all credence, and their activity and ability would put most Europeans to shame. Thirty years ago, for instance, Japan, after war with Korea, brought back as a trophy 3,500 human ears. Now her best ships are given up to the Red Cross Society for surgical assistance to men of either nation. And in the recent war the surgical arrangements were pronounced by competent authorities to have reached a pitch of excellence never yet reached in any European war. All this advance may be attributed to the spread of a Christian civilization. But, like Rome, in the height of her power, Japan is in terrible need of Christianity. Agnosticism is rife, and only one man in 1,100 is anything like a Christian. The English "globe-trotter" loves Japan; in fact, the speaker himself, if he might be excused the conceit, considered that it was Devonshire at its best.

Now let China be contrasted with this picture. The extent of the country is enormous. Compare it with Europe, and China you will find is one quarter as large again as the whole of Europe. The population, again, is one-fourth to one-fifth that of the whole world. And yet the Protestant work amongst this enormous people is entrusted to 1,500 men and women at most. There are 200 dialects of China, as different as the languages of Europe.

There are no railways or steamers throughout the land; in fact, the speaker believed that there were no roads. He certainly never saw any when he travelled in China, and he was only told that some were to be found in the neighbourhood of Pekin. Postal communication is decidedly weak, and the telegraph limited, correspondence and commerce taking place mostly by rivers and canals—a very slow process. Then of religious forms there are three. In the first place, there is Buddhism, with its extraordinary ritual of candles burnt, and incense, flowers, and prayers offered to the images of deceased votaries in the temples, which are beautifully preserved, while the religious faith is in many cases extremely genuine and impassioned. Secondly, there is Tauism, or the worship of spirits, with the idea of the "evil eye," which is equally common amongst the lower classes of many European countries. And finally, there is Confucianism, in which forty millions of money are said to be spent annually in paper images, destined to be burnt as votive offerings. And yet behind all this, with a despotic aristocracy of the vilest description, backed up by the power of torture, which is mistaken for government, the genuine John Chinaman is a magnificent fellow in body and soul, a fine staying character, crushed only to nothingness by the execrable powers that are set over him.

The speaker had an opportunity of seeing the work, amongst others, of the Mission Hospital at Hankow. There are 76 beds; 13,000 out-patients are treated in the year; there are six native students, a dispenser, and a staff entirely composed of native Christians. The theatre is ideally clean and aseptic.

All this is a fine opportunity for spreading the gospel. For instance, eight years ago a man from Ningpo came to be cured of opium-smoking. His father, who came to see him, heard, while waiting in the men's department, the preaching of a lady in the women's division, which reminded him of a speaker he had heard twenty years before in Shanghai. Eventually, father and son were baptized, and now, mainly by their agency, there are 400 converts in their village. Another instance was given of a native doctor who, in only nine months, brought in 56 heads of families from his native town and 126 from the surrounding district. The Chinese are certainly not attractive at first sight, but they make the most magnificent converts in the world, short, perhaps, of the Ugandi.

The Chinese ladies, again, can only leave their houses in carriages, screened from sight by blue curtains, and are not allowed to see any men. What then can they do by themselves, with their feet only two and a half inches long, and broad in proportion? This is the opportunity of the lady missionary.

In the middle ages there was once a beggar who lived on alms at the gate of a rich nobleman. The nobleman one day could find no one to carry a message for him to its destination, and venturing from his gate he spied the poor man sitting on the side of the road. "Friend," said he, "wilt thou take and deliver this message on my behalf?" "Sire," replied the mendicant to his benefactor, "I solicit alms; I never carry a message!" May it not be charged against us that, stamped with the

curse of ingratitude, we have received much, and have not given even a little; that we have drunk in the pleasures—the higher and more refined, as well as the more common pleasures—of this life, and have failed in return to share our lot in any way with those less fortunate, or to spread the gospel amongst those that live in darkness and in misery.

The Treatment of Pott's Fracture.

IN a paper recommending the use of posture and rest in the treatment of fractures rather than brute force and a roller bandage, Pott writes:—"I have already said that in most cases of broken thigh the method just described will be attended with great success; but there is one particular case in which its utility is still more conspicuous—a case which, according to the general manner of treating it, gives infinite pain and trouble both to the patient and to the surgeon, and very frequently ends in the lameness and disappointment of the former and the disgrace and concern of the latter. I mean the fracture of the fibula, with dislocation of the tibia."

What Pott said more than two hundred years ago is unfortunately almost true of the results of the present day, for it is all but universally admitted that the results obtained by the modern treatment of Pott's fracture are most unsatisfactory.

Erichsen says:—"The treatment of these cases is always troublesome. In consequence of the swelling and inflammation that usually occurs, it is often almost impossible to make out the exact extent and direction of the fracture. The difficulty of treatment is greatly increased by the small size and short leverage afforded by the fragments, and so great is it that in some cases the displacement cannot be overcome by any amount of skill and patience, but a certain degree of deformity results, leaving a weak and painful joint, the mobility of which is seriously impaired. . . . . Much stiffness is always left after union has taken place, the ankle remaining rigid, weak and useless for a long time. When the fracture occurs in advanced life, the mobility of the ankle is rarely, if ever, regained, and lameness is the almost inevitable result, due partly to adhesions in the sheaths of tendons, partly to some slight displacement in the articular surfaces."

Still, some surgeons say that they get very good results from the present treatment. Such statements make us wonder how many surgeons see their cases of Pott's fracture after the patients leave the hospital. The following cases, collected by Messrs. Clapham and Roberts, give a fairly accurate idea of the results obtained in patients treated under the supervision of some of the most experienced surgeons in London. These results are perhaps much superior to those obtained by general practitioners:—

TABLE I.—POTT'S FRACTURES.

No.	Occupation.	Age.	Date of Fracture.	Time in Hospital.	Present Condition.	Condition as regards Work.
1	Carman ...	30	1893 ...	14 days ...	Depression at seat of fracture	Ankle was very weak for some time; still has pain after a hard day's work.
2	Labourer ...	32	1893 ...	14 days ...	Distinct depression 1½ in. above external malleolus, the displacement of fragments not having been reduced	Has continual pain in ankle and subastragaloid joints; impossible to do anything but the lightest work, and that with considerable pain.
3	Bricklayer's labourer	49	1893 ...	A few days	*Slight depression at seat of fracture; some eversion still*	*Quite unable to do any work for five months; has been able to do but very little since from pain in ankle and subastragaloid joints.*
4	Accountant	58	1893 ...	6 days ...	Depression at seat of fracture	Unable to walk any distance from pain in ankle and subastragaloid joints.
5	Stickmaker	64	1893 ...	14 days ...	No displacement, but a little thickening of bone at seat of fracture	Has pain on standing for some time.
6	Labourer ...	53	1891 ...	A month ...	Movement at ankle-joint somewhat limited	Returned to work in two months; has suffered much pain at intervals; ankle still feels very weak.
7	Leather-dresser	27	1891 ...	3 days ...	Slight depression at seat of fracture	Patient does his work, but suffers great inconvenience when standing on it for long.
8	Dock labourer	35	1893 ...	A few days	No displacement	Pain on change of weather only.
9	Labourer ...	31	1891 ...	2 days ...	... ...	Can work as well as ever; very occasional pain only.
10	Waterside labourer	32	1892 ...	5 days ...	Slight displacement; no deformity	Has not been able to do much work since on account of pain in ankle.
11	Constable	29	1893 ...	A few days	... ...	Can do his work all right; has occasional pain only.
12	Porter ...	38	March, 1894	7 days ...	A slight rim at seat of fracture	Has a good deal of pain in his foot occasionally, and is able to follow his employment, but with some discomfort.
13	Engineman	48	Feb., 1894 ...	A few days	No displacement	Can now work as well as before, but he had a good deal of pain for some months after the accident.

Old cases casually seen in the surgery and elsewhere constantly show the characteristic deformity, and the men complain of pain in the foot and ankle, and insecurity of the joint.

Most of these cases are treated by plaster of Paris splints. When the splint is removed, and the patient starts to walk or limp about, he begins to suffer from the above-mentioned symptoms; these get progressively worse, and ultimately either partially or completely incapacitate the poor patient, who often finds that he is unable to support himself and his family. These symptoms are those of a mechanical arthritis of the ankle and subastragaloid joints.

Pott treated the fracture which bears his name by laying the flexed leg on its outer side on a pillow, after "SETTING" had been performed, and leaving it unmoved until union had occurred.

There has been no real improvement since, although various appliances have been used for the purpose of securing more perfect rest.

Why is the present treatment so ineffectual and delusive, and its results so unsatisfactory to the patient and humiliating to the surgeon? Because

A. The broken fibula is not reconstituted; and

B. Consequently it cannot be kept at rest in a normal position.

(*A.*) The method of "setting" now in common use, *i.e.*, that of abduction of the foot with traction, does not succeed in really setting the fracture; this was clearly proved in all the cases which Mr. Lane recently treated by wiring the fibula. Anyone can test for himself the accuracy of this statement.

Abduction does, of course, *partially* succeed in correcting the dislocation of the tibia from the astragalus; but the dislocation of the articular surface of the external malleolus is only reduced when the fracture of the fibula is accurately set. A superficial observer would think that it is immaterial whether a fracture of such a small bone as the fibula is accurately set or not, and this is true of a fracture of the fibula high up, as any displacement at the seat of a fracture in that position will have but very little effect on the external malleolus.

In a Pott's fracture, however, that portion of the lower fibular fragment which is above the inferior tibio-fibular joint is as short as (or shorter than) that part which extends below the joint. It is, therefore, clear that the displacement of the upper end of this lever causes a movement of the lower end to about the same extent, but in an opposite direction. It is this displacement of the external malleolus which makes a Pott's fracture so much more serious than a fracture of the fibula at a distance from the ankle. The malleolus is usually displaced outwards, more rarely, inwards.

A dislocation of the external malleolus is important and serious, because this malleolus is the great lateral support of the ankle, and it serves to keep the tibia in its normal relation to the astragalus. Any uncorrected dislocation of this malleolus destroys the natural relation of all the bones of the ankle to one another, and thus leads to erosion and eburnation of the articular surfaces, and to other destructive changes characteristic of mechanical arthritis, which is so often miscalled rheumatoid or osteo-arthritis, and described as a degenerative disease. (See paper by Mr. Lane in *Lancet*, January 20th, 1892.) There are numerous specimens in our museum showing these destructive lesions in the joints adjacent to a fracture. If a Pott's fracture be produced in a dead body, it is found to be possible by adduction to replace the fragments more or less perfectly in apposition in some cases; but this does not prove anything, for the real obstacles to reduction cannot be present in a dead subject.

These obstacles are—

I. *The extravasation of blood and inflammatory effusion into and under the ties around the fracture.* By ties are meant skin, muscle and fascia. The ends of these ties are thus approximated, causing overlapping of the bony fragments. With the fracture exposed in an anæsthetised patient it is found that traction and manipulation of the foot cannot materially change the relative position of the fragments. This is, therefore, the great cause of failure to *really* set the fractured fibula by the old treatment.

II. *The nature of the displacement.* No external manipulation can bring out the lower end of the upper fragment, which is always displaced inwards towards the tibia.

III. *Foreign bodies between the fragments*, as bits of muscle or fascia.

IV. *Muscular contraction* is shown to be of but little importance by the fact that when it is removed by means of an anæsthetic, efforts at reduction by manipulation are not attended by success, as has been several times proved by subsequent exposure of the fracture. Such measures as tenotomy of the tendo Achilles are, therefore, absurd.

V. The swelling is generally so great at the time when treatment is undertaken, that it is practically impossible to decide whether one has succeeded in getting the best position *possible by external manipulation.*

(*B.*) Failure to maintain the bones in accurate apposition is inevitable when that position is never obtained; and should it be obtained, it could not be kept right by any splint, as the fracture is oblique.

Even the "best position possible that can be gained by external manipulation" can not be certainly maintained by the appliances in common use.

The application of a Croft splint within a day or two of the accident, as is often done, is very unsatisfactory, because—

(*a*) There is then so much extravasation and œdema as to prevent the parts being placed in a good position; and as the swelling subsides the splint will not fit closely enough.

(*b*) The difficulty of holding the foot still during the application of a plaster of Paris splint is great, and it

is not always possible to secure the parts in the position aimed at.

(*c*) Other disadvantages of a Croft are—atrophy of muscles, persistent œdema, and fixation of joints.

A Dupuytren's splint inevitably fixes the foot with the toes pointed.

The treatment by back and side splints, or side splints with a foot-piece, is far superior to the preceding methods, as the parts can be better watched, and deformities more easily corrected from day to day; but this, however, is a treatment we rarely see used for Pott's fracture.

Mr. Lane has within the last few months introduced a new and ideal way of treating Pott's fracture, this is the *treatment by wiring*, which serves to—

(*a*) Reconstitute the fibula.

(*b*) And to maintain the apposition until bony union occurs.

This treatment, therefore, accomplishes what no other treatment can claim to do; its other advantages are—

(*c*) The replacement of the external malleolus in its proper relation to the other bones of the ankle-joint, and it is, therefore, hoped that the bad results spoken of above will be obviated.

(*d*) The removal of the extravasated blood.

(*e*) The ease of after treatment, as no splint is necessary; and if one is used for convenience in the elevation of the leg, a comfortable one can be chosen so as to do away with œdema and the other ill effects of long application of tight splints.

The following cases are published with a view of proving the absurdity of the old treatment, and to show how well the new treatment satisfies the two main requirements of a model treatment of fracture. It is, of course, too early to judge of the ultimate results of these cases. These results will be published later.

CASE I.—J. W., æt. 42, basket-maker. Admitted November 11th, 1895. There was a Pott's fracture of the right leg, the foot was not so much everted as is usual. The internal malleolus was entire; the internal lateral ligament was ruptured. On November 11th an anæsthetic was given and it was easily made out that the fragments overlapped. A distinguished surgeon of very large experience then attempted to reduce the fracture, and thought that he succeeded in obtaining a good position, but admitted that it would be impossible to keep the end of the fragments together. Mr. Lane then exposed the fracture by a vertical incision three inches long, made on the outer, subcutaneous surface of the fibula; it was obliquely directed, and situated about two inches above the external malleolus. The two fragments were displaced inwards; the lower overlapped the upper on the outer side to the extent of a quarter of an inch. There was a large amount of blood extravasation. Efforts at replacement, by manipulation of the foot, proved useless, as the upper fragment could not be brought outwards. A blunt dissector used as a lever at once did this, and kept it in that position while the lower fragment was brought into normal relation with it by means of forceps, which also served to hold the bones together until a wire passed through them permanently fixed them in apposition. The tourniquet which had been used was then removed, and when all bleeding had been stopped, the wound was sewn up with deep stitches of salmon gut and superficial stitches of horse-hair. Sterilized dressings were applied, and the limb was laid in a trough-splint and suspended in a Salter's cradle. The wound healed by primary union. A Bavarian splint was applied fourteen days after the operation, and the patient went out wearing it at the end of a month. In six or seven weeks he was walking about without pain or inconvenience, and with no deformity. At a meeting of the Guy's Physical Society, on January 11th, a distinguished Guy's student was at a loss to know which leg had been broken, until he saw the linear scar remaining. The patient wanted to jump off a chair, and perform other gymnastics, to prove how well his leg felt, and how pleased he was with it.

CASE 2.—A man of about the same age as the last case, admitted on the same day, and *refused operation*. He was treated by a plaster of Paris splint. He went out at the end of a month. After eight weeks, there was a slight depression at seat of fracture and some eversion of the foot, and limitation of the mobility of the ankle. Patient complained of pain in the ankle and sole of the foot on walking.

CASE 3.—J. F., æt. 16, labourer. Admitted December 6th, 1895. This was a typical Pott's fracture, caused by direct violences. The fibula was broken two and a half inches above the tip of the external malleolus. The internal malleolus was not broken. There was much bruising. Attempts at reduction were not very successful, for the foot could not be brought into as good a position as the other foot. The limb was temporarily fixed in a back splint. A celebrated surgeon of very large experience, expressed it as his opinion that the bones were in an excellent position. The leg was examined under an anæsthetic, and when the limb could be freely palpated without causing pain, the displacement of the bones at the seat of fracture could easily be felt. Attempts were then made by Mr. Lane and others to replace the fragments by the usual manipulations, but without success. The fracture was exposed, a large quantity of dark fluid, blood and clots escaped. The line of fracture was oblique from above, downwards and backwards. The fragments overlapped for about half-an-inch, and they were both jammed in towards the tibia. The lower fragment was internal to the upper and on a slightly anterior plane. Fruitless attempts to reduce the fracture by traction and adduction were again made. It was not without considerable difficulty that Mr. Lane was able, by means of a lever and lion forceps, to obtain good apposition. The bones were found to be splintered, and consequently a wire was looped around instead of passed through them. Subsequent treatment was the same as

for Case 1. The wound healed by primary union, and the patient was discharged with his leg in a Croft, and when last seen was walking about without pain or inconvenience.

CASE 4.—J. F. Admitted January 5th. The fibula was broken three inches above external malleolus; the internal malleolus was broken off. There was much bruising and œdema, and the displacement was characteristic of Pott's fracture. January 8th: *Operation.*—Much dark blood escaped on making the incision. Line of fracture was oblique from above downwards and backwards; both fragments were displaced inwards; the lower fragment was anterior to the upper and overlapped it. Efforts at reduction by manipulation proved useless, as no amount of traction would alter the position of the fragments to any extent. Levers and forceps were used successfully; the bone was reconstituted by a single silver wire. 31st: Discharged in a Croft. No deformity.

CASE 5.—H. W., an asphalte-layer. Admitted February 3rd. Fibula fractured three inches above the external malleolus. Internal malleolus detached from tibia. There was an unusual amount of bruising and swelling, and the usual deformity. February 8th: Under A.C.E. the fracture was exposed by the usual incision. A large amount of dark blood escaped and clots were removed. The fracture was oblique from behind forwards and downwards. The two fragments were displaced inwards; the lower occupied a position external and posterior to the upper; there was some fascia between them. Manipulation of the foot had no effect in reducing the displacement of the fragments, which were adjusted by the aid of levers and forceps, as usual, and two wires, passed through the bones, secured them in an excellent position. The after-treatment was the same as in the other cases. The wound has healed by primary union, and the man is still in the Hospital.

CASE 6.—C. H., æt. 36, mineral-water drayman. Admitted February 4th. Left fibula was broken two and a quarter inches above external malleolus; internal malleolus was normal; internal lateral ligament was ruptured; there was but slight eversion and swelling. The limb was secured in back and side splints, and the foot appeared to come to a good position.

11th.—A.C.E. was given. The usual incision was made, and there was much more extravasation of blood than would have been expected from the external appearances. The usual manipulations were tried with the usual success —none. The fracture was very oblique and sinuous, and was about two inches long; its direction was from above downwards and forwards, the incision had to be enlarged to expose it more completely. There was about one inch of overlapping. The lower fragment was displaced backwards and inwards; the upper, forwards and inwards. Some of the torn fibres of the peronei were lying between the fragments. A great amount of difficulty was experienced in correcting the deformity, but this was ultimately done by means of levers and several pairs of forceps. Three wires were passed through the fragments which were held together by forceps. The details of the treatment were the same as in Case 1.

19th.—The wound has healed by primary union, and is still in the Hospital.

There are many objections urged against this new treatment. It is urged:—

That it is unnecessary.—What has been said of the bad results of the old treatment prove that it is necessary. There are abundant opportunities for anyone who wishes to disprove this statement to produce an unselected set of cases showing good results under the old treatment.

That it is dangerous.—Old-fashioned surgeons are horrified at the idea of "converting a simple into a compound fracture"; this argument is frivolous. At the present day, with our advanced knowledge of aseptic surgery, there can be no real danger in a compound fracture, deliberately made by the surgeon himself. Those who have cause to admit their incapacity to perform operations aseptically would best consult the interest of their patients by not performing any operation until they have learnt this, the alphabet of modern surgery. The only risk of the operation is the induction of anæsthesia, which is often practised also in the old treatment.

That it will be inefficient.—Because the lesion on the inner side of the ankle is not accurately treated. Time only can show whether it is necessary to sew up the internal lateral ligament or not. It would be quite easy to do this, or to wire the internal malleolus if necessary. If the results of the present cases be found to be unsatisfactory, Mr. Lane will lose no time in adding this to the treatment of fresh cases.

The fracture of the tibia would also have to be wired in Dupuytren's fractures.

That it is difficult.—The difficulties are of such a nature and extent as to convince anyone who sees the operation performed of the absurdity of the old treatment, and of the necessity of direct local measures. But the operation is not a difficult one; on the contrary, owing to the subcutaneous position of the fracture and the absence of important structures near, it is an easy one. Any difficulty it may present can be overcome by the ordinary practitioner. Operations can be performed aseptically in the country with but a very few appliances and some boiling water; boiled clean linen does very well for dressing; some liquor potassæ or turpentine can always be obtained for cleansing the skin. Once the treatment is adopted by the generality of hospital surgeons, the country practitioner will not be long following their example. Of course, an operation implies more time and trouble, but the number of Pott's fractures the general practitioner gets is not a large one, and he will have about seven days from the time of the accident, during which an operation can be performed with advantage. Trifling difficulties will not prevent the adoption of a proper treatment, for it is our duty, and

should be our divinest pleasure, to dispense the best we know to our trusting patients. Should we who have witnessed the operation on these cases sustain a Pott's fracture, we would have no hesitation in desiring to have our fibulæ wired.

R. P. ROWLANDS.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Sustentation.

DEAR MR. EDITOR,—Knowing your sympathy for Sustentation in all its forms, I venture to send you an idea which occurred to me in this afternoon's meeting on behalf of that Fund, namely, that a suitable account of that meeting, with a copy of the resolution unanimously passed then, and a statement of the present needs of the Hospital be sent, under the signature of the chairman, to some of the *leading* daily papers, more especially leading provincial papers. If they be not sufficiently generous to throw open their columns for subscriptions, they might (when supplied with facts on such reliable authority) discuss the needs and claims of the Hospital in those columns, and thus to some extent overcome the one difficulty, that of making those needs and claims thoroughly well known. A special point might be made of the percentage of provincial cases treated, to make it quite clear that Guy's is not purely a local London charity. Hoping that if this idea be a new one, it may, in your able hands, undergo such development as it is worthy of.—I am, Sir, yours faithfully,

NO ORATOR.

From the Gazette's Special Pathologist.

ALL specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the GAZETTE PATHOLOGIST, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. WELLS.

NOTICES.

W. H. M., KIDDERMINSTER.—A section of the preparation shows much dense fibroid tissue, with a few ill-developed lobules of glandular substance. It has not the appearance of a fibro-adenoma, such as might be met with in a girl of eighteen, and must be regarded as an induration of the breast, rather than a definite tumour. Was there a history of syphilis, or any cause of chronic inflammation?

O. W., BURRY PORT.—After twenty-four hours' incubation on blood-serum, the resulting growth was found to consist of staphylococci only. No Klebs-Löffler bacilli could be detected.

J. R. A., SHERBORNE.—No tubercle bacilli could be detected in this specimen of sputum.

S. W., MIDDLESBRO.—Reaction, acid. Sp. gr. 1018. Blood, albumen and sugar absent. Microscopic examination of the deposit: Oxalate crystals were present, but by no means in excessive numbers. There was a large amount of squamous epithelium, and more than a normal number of leucocytes. No renal elements. *Note.*—We find nothing whatever in the urine to account for the symptoms. The squamous cells and leucocytes are probably vaginal in origin.

O. W., BURRY PORT.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli, associated with staphylococci.

R., LOWESTOFT.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli, associated with some staphylococci.

G., NORWOOD.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of a practically pure culture of Klebs-Löffler bacilli.

F. K. H., HAMPSTEAD.—No tubercle bacilli could be detected in the specimen of sputum.

T. W. L., WOOLWICH.—Tubercle bacilli are present in large numbers.

R., EAST SHEEN.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of a practically pure culture of Klebs-Löffler bacilli.

A. M. D., KINGSTON.—Cover-slip preparations from the swab direct showed the presence of some of the spirilla and other ordinary inhabitants of the mouth. No Klebs-Löffler bacilli could be detected, and after twenty-four hours' incubation on blood-serum, the surface of the medium remained sterile.

H. T., KENNINGTON.—"Lily."—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli, associated with numerous saprophytic bacteria.

H. T., KENNINGTON.—"Agnes."—After twenty-four hours' incubation on blood-serum, the resulting growth consisted solely of streptococci. No Klebs-Löffler bacilli could be detected.

PATHOLOGIST.

Sport.

Association Football.

SURREY CHARITY SHIELD.

REPLAYED TIE.—GUY'S v. EWELL.

Played at Ewell on Saturday, February 22nd, and resulted in a win for Ewell by three goals to nil.

We were only able to take down a very moderate team, and as a consequence suffered defeat, as above stated. Guy's did not play with the same amount of dash as they did on the first occasion. Playing up the hill, we had to act on the defensive, but occasionally our forwards made spasmodic attempts to score, which were unsuccessful, one or two easy chances being lost. Ten minutes from the interval, A. Perks scored the first point for Ewell, by which point they led at half-time.

In the second half the game was more even, but Ewell were extremely fortunate in scoring two more points; and on the other hand, our usual luck followed us, Thornley hitting the cross-bar twice, and Mandy and Crosby grazing the uprights with magnificent shots. On time being called, Ewell qualified for the next round by three to nil: that on the day's form, the best team won there is not the slightest doubt. Team :—

GUY'S.—N. Lavers (goal); F. E. Walker and E. Longhurst (backs); R. W. Hall, J. Matthews and A. E. Crosby (half-backs); P. S. Mandy, W. G. Palmer, G. Ford, M. H. Thornely and L. Humphry (forwards).

Rugby Football.

GUY'S v. ST. BARTHOLOMEW'S.

This Cup-Tie match was played at Richmond on Friday, February 14th. The weather was rather dull, but there was no wind. There was a large attendance of spectators; amongst those present we noticed Mr. Davies-Colley, Mr. Higgens, Dr. Washbourn, Mr. Dunn, Dr. Fawcett, Mr. Fripp, and Mr. Hopkins.

Bart.'s won the toss and Guy's started the ball, playing against the wind. Bart.'s at once began to press, and their forwards rushing the ball down, they got in within five minutes of the start; the kick was successful. After this unhappy start, our forwards played up better, and after some even play, a splendid bit of passing enabled Rae to score for Guy's, amid great enthusiasm. Alexander took a somewhat difficult place-kick, but the ball fell short. This was the only cheerful incident in the match. Bart.'s continued to hold us forward, and got in again just before half-time, and again converted. The interval came with the score—

GUY'S	3 points
ST. BARTHOLOMEW'S	10 points

On re-starting, Bart.'s continued to play a forcing game, and soon one of their men dropped a splendid goal. To the credit of our team it must be said that they played hard against these heavy odds; but the remainder of the game consisted of rushes by the Bart.'s forwards, occasionally relieved by runs by Mathias, Alexander, Wetherell and Jackson. Muriel was obliged to touch down once, and just before time Mason, of Bart.'s, following up his kick, and taking everyone by surprise got in behind the posts; another goal resulted. The whistle blew with the result—

GUY'S	3 points
ST. BARTHOLOMEW'S	19 points

There can be no doubt that we were beaten forward; our pack were out-weighted and out-played, and one or two seemed at times to get careless and so let Bart.'s in. It would be impossible to praise Mathias and Wetherell too highly, for a good game played under trying circumstances. The three-quarters suffered from lack of chances, but when they got started showed that they had any amount of pace; they were all good. Clarke perhaps was a little uncertain at the start, but quite made up for this later on. Muriel saved well, but his kicking was weak. And now the only thing is to forget the above unfortunate result, and hope for better fortunes in 1897. Team :—

GUY'S.—G. B. Muriel (back); F. L. Rae, K. B. Alexander, H. N. Clarke, F. D. S. Jackson (three-quarter backs); F. C. Wetherell, R. Mathias (half-backs); E. G. Goddard, P. A. Dykes, C. R. Nicholson, W. P. Gwynn, F. G. Gibson, H. G. Rashleigh, H. V. Bagshawe, W. Tyson (forwards).

GUY'S 2ND v. LENNOX "A."

On February 8th, Lennox played a very strong team in this match as their first was not engaged, but our three-quarter line was much weakened, and we were a man short.

Lennox kicked off and at once pressed, continuing the attack for the whole of the first twenty minutes. One of their backs made a good attempt to drop a goal, but Ransford just managed to touch the ball, and the game was taken to the half-way line till the interval. During the second half the game fluctuated, and Lennox on several occasions were dangerous. Ransford intercepted a pass and gained a lot of ground with a good run and kick, but at length after a good round of passing, Lindsay-Smith scored for Lennox in the corner. The try was not converted, and the Guy's team, following up the kick-off, took the game into the Lennox quarters and pressed for some while. At length Walling eluded most of the Lennox backs, but was collared by the full back and dropped the ball, which Syme picked up and grounded far out behind the goal line. The place-kick failed. The rest of the game was keenly contested. Walling made two good runs which should have resulted in tries if he had passed, but nothing further was scored and the game ended in a draw of one try each. For Guy's, Ransford's defence at three-quarters was good, while Traill played a very fine game forward. Team :—

GUY'S—J. Dadds (full back); A. C. Ransford, F. Syme, H. P. Barrow (three-quarters); J. N. Gardiner, H. Walling (half-backs); M. D. Wood, H. Traill, E. R. Rowe, N. Williams, F. S. Batchelor, H. H. Bignold, H. W. Fox, G. Shorland (forwards).

Cross-Country Running.

INTER-HOSPITALS' TEN MILES CROSS-COUNTRY CHALLENGE CUP.

The race for this cup was fixed for Saturday, 22nd inst., and it was decided at the same time to allow the Lea Harriers to run for their twenty-mile Hulton Challenge Cup and to compete with the Hospitals in a "yacht" handicap, to be opened, that is, after the race. The course, as usual, was the five-mile course on the edge of Epping Forest, starting from the Royal Forest Hotel at Chingford. It was a lovely day, but none too warm, as the runners found to their cost when sitting to the photographer in costume before the race. The course was in first-rate condition, and there was excellent running to be witnessed; so that it was a pity that Guy's only sent a full team of competitors and with them, we believe, only one spectator.

Mr. A. D. Hood (Lea H. and L.A.C.) gave the signal at four o'clock, and Munro and Watson at once led off across the plain. Watson here fell behind, and Wade and Barfield (both of the Lea) took up second place, with the rest well up. On reaching "The Owl," Baker was in fourth place, with Fremantle at his heels, followed by Balderston and Henry, and after them Chandler and Elwin, and the rest of the pack. At High Beech Baker was 200 yards behind Wade and Barfield, and the same distance in front of Fremantle, who was 100 yards in front of the next pair. Meanwhile, Munro was forging steadily ahead, and at the hotel at the end of the first round came up the hill with his usual swinging stride, having beaten his own record for the five miles by a quarter of a minute, in 28 min. 8 secs. Wade was vainly trying to shake off Barfield, a minute behind Munro, while Baker, another minute behind, was followed at a quarter of a minute's interval by Fremantle, and he again by Balderston.

In the second five miles, Munro continued to increase his lead steadily, Barfield, in the middle, gradually drew away from Wade, while Baker, Fremantle and Balderston maintained their respective positions without much change. At the last hill, a quarter of a mile from home, Chandler made a gallant spurt and overtook Henry within 100 yards of home.

This was the first occasion of Munro's completing the course in less than the hour, and the most competent authority present expressed the opinion that he would have been first home if he had been competing in the Southern Counties Championship on the same afternoon at Wembley Park.

Barfield, who is more of a veteran than either Munro or Wade, ran splendidly, and Balderston ran better than was expected. The result of the handicap accordingly showed Barfield and Balderston to have run a dead-heat for first place, with Munro third.

The Hulton Cup, which Munro thus carried off for the fifth time, was won in 1879 and for five succeeding years by Heath, and on six occasions by Harold Wade.

The Hospitals' Cup, which now enters upon its fifth year of life in Guy's, was presented by Dr. Kent-Hughes, once half-mile champion of England, in 1882, and is one of the finest pieces of plate competed for by the Hospitals.

The annual dinner was held at the Chingford Hotel in the evening. Mr. Howard Marsh, F.R.C.S., who most kindly presided, offered to make up the second prize for the handicap equal to the first on account of the very curious coincidence of a dead-heat having occurred.

After a passing lament over the departed glories of his own hospital, he expressed curiosity as to the limit of duration, if such there were, of Mr. Munro's wonderful stride, and a hope that Mr. Munro would be able to compete this year in the Olympian games and win a "mention" in the pages of Homer. He advised each athlete, when the arch of his aorta becomes a little atheromatous, to take up golf, and he reflected on the gathering before him as typical of the nation to which we belong, and ready to face any of the emergencies which have recently threatened our country.

After several songs and speeches, and the presentation of a wedding present to Harold Wade, the party broke up, and the season of 1895–6 was practically at an end.

A few minor events still remain for decision, and any Guy's men who would like a two miles handicap race this or a five miles run next Saturday afternoon, will be heartily welcomed. Train 2.32, Liverpool Street. Times:—

		Min.	Sec.	Handicap. Allow.	Result.	
1.	H. A. Munro (Guy's and Lea H.) ...	57	35½	—	57.35½	3
2.	F. Barfield (Lee H.)	60	44	4.0	56.44	1
3.	H. Wade (Lea H.)...	61	42	3.30	58.12	5
4.	W. L. Baker (Guy's and Lea H.) ...	63	13	2.0	61.13	11
5.	F. E. Fremantle (Guy's and Lea H.)	64	0	4.30	59.30	7
6	R. Balderston (Guy's and Lea H.)...	64	54	8.10	56.44	1
7.	F. W. Chandler (Univ. Coll. Hosp.)	65	17	7.30	57.47	4
8.	P. F. Henry (Guy's)	65	32	5.0	60.32	9
9.	G. R. Elwin (St. Mary's and Lea H.)	66	18	5.30	60.48	10
10.	A. F. Page (St. Bart.'s)	66	19	7.30	58.49	6
11.	S. J. Ormond (Guy's)...	68	2	8.30	59.32	8

Also ran:—C. F. Watson (Guy's and Lea H.), 4 min. 30 sec. allowance; G. E. Mould (St. Mary's and Lea H.), 10 min. 30 sec. allowance; Evan Evans (Guy's), 12 min. allowance; —. Scott (St. Bart.'s) and E. D. Dixon (Lea H.), 9 min. 30 sec. allowance.

The officials were:—Starter, Mr. A. D. Hood (Lea H. and L.A.C.); Judge, Mr. A. E. Vizard (Lea H.); Timekeeper, Mr. C. J. Brooman (Lea H.); Handicappers, Mr. R. Balderston (Guy's and Lea H.) and Mr. E. A. Dixon (Lea H. and L.A.C.).

Births.

ALEXANDER.—On the 24th inst., at Gatefield House, Faversham, the wife of Sidney R. Alexander, M.D. Lond., of a daughter.

CLARKE.—On the 16th February, at 2, Gledstanes Road, West Kensington, W., the wife of William Frederick Clarke, M.D., B.S. Lond., of a son.

HARRIS.—On St. Valentine's Day, at 1, Holy Innocents' Road, Hornsey, the wife of E. Bernard Harris, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

Death.

GIBLIN.—At Launceston, Tasmania, on Friday, December 27th, Edward Owen Giblin, M.D., aged 46 years.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Guy's Hospital Gazette.

MARCH 14, 1896.

Clinical Lecture by Dr. Pye-Smith.

Multiple Cerebral Tumours.—Typhlitis.—Recurrent Pneumonia. — Gastro-jejunostomy.—Diabetes Benignus.—Aneurysm in a Woman.—Angina Pectoris, Pseud-angina and the Qualities of the Radial Pulse.

Gentlemen,—The case of Cerebral Tumour in a little girl, on which I lectured a few weeks ago, has proved fatal. She had been trephined with little or no relief of the pain, and in the later period of her illness all we could do was to keep her under the influence of narcotics. Before her death the clinical assistant, Mr. Ham, made out in the fundus of one eye a white patch surrounded by a red zone, an appearance distinctive of a tubercle in the choroid. His observation was confirmed by finding the nodule at the post-mortem examination.

Autopsy.—Two facts were unusual.

1. There was no basal meningitis. This almost always occurs in chronic cases of tubercle of the brain. We felt sure before death that it was present in this case, because the patient had ptosis.

2. There was no single large tumour, nor two or three small and one large. There were, as we expected, two lumps in the left ascending parietal convolution, with a good deal of white softening about them. But there were many other tumours—between thirty and forty in all; one in the corpora quadrigemina, one in the caudate nucleus, one in the roof of the fourth ventricle; and the cerebellum was full of them. There were also several curious pedunculated tuberculous growths upon the dura mater.

The lungs were full of clear transparent small miliary tubercles.

The spleen—the organ most frequently affected by tubercle in children—was full of miliary tubercles. There were numerous tubercles in the kidneys, and some in the liver, and also one or two in the adrenals. There were a few tuberculous ulcers in the intestine. Thus, almost all the parts that are liable to be affected by tubercle had miliary tubercles present, the most notable exceptions being the pia mater and the joints.

A case of this kind is absolutely hopeless as regards treatment. No operation could be of any benefit to this patient. In some cases, however, the relief of pain after the operation of trephining is very great. I have heard of one patient who comes up to the Hospital at intervals in order to have the operation performed.

The three cases of Typhlitis which we have had in the wards have gone out quite well without surgical interference. The treatment consisted in absolute milk diet, the strict maintenance of the horizontal position, abstention from laxatives and exhibition of opium.

We have had a case of double Pneumonia, which has ended favourably. The patient is a healthy youth, seventeen years of age. Before the pneumonia cleared from one lung the other was attacked. One lung (the left) was affected at its base, and the right at its apex.

He had been last summer under my care in Philip ward with acute pneumonia. The right apex was then the part attacked; he had a temperature of 104°, and made an excellent recovery.

Now, four months later, he has passed through a second attack of the same disease, with temperature 105°. He had herpes of the

lip, recovered by crisis on the seventh day, and is now perfectly well.

In another case, one of Cancer of the Pylorus, Mr. Symonds operated, and joined the stomach and jejunum by means of a Murphy's button. The patient rapidly improved, and is now going out. No one could expect a better result as far as the operation is concerned, but the probability is that secondary deposits will eventually form and kill the patient.

We have also had a case of "Benign" Diabetes in a man nearly 70, stout and florid.

Age affects prognosis very differently in different diseases.

Rheumatic fever is less apt to affect the heart as a patient is older. Scarlatina is less severe in adults than in children, and diphtheria is far more fatal in little children than in older boys and girls. Young children and old people, *i.e.*, patients under two or three and above 70, are by common experience anxious cases.

But for most diseases the period of later childhood, three or four to sixteen, and that of young adult life are the most favourable. There are, however, many exceptions. With regard to diabetes, in children it is rapidly fatal; in young men it is a severe disease; but after 60 it is manageable and need not shorten life. This patient is 69, and he thinks that he has lost flesh, although he weighs 16 stone at present. He has sugar in his urine, but he is not thirsty and has no other symptoms of diabetes. Some people would call a case like this not diabetes but *glycosuria*. This, however, is not, I think, a desirable nomenclature, for the same case would pass from one denomination to the other, and also we could never cure a case of "diabetes." Be on your guard in deciding the presence of glycose in the urine. Kreatinin, salicyluric acid, chloroform and other substances will reduce copper; but if a fomentable as well as reducing principle is present in urine, that is glycose, and diabetes is nothing but persistent glycosuria, with more or less pronounced secondary symptoms.

A case of Aneurysm of the aorta in a woman. Aneurysm is, as a rule, confined to men. If it occurs in women, it is under one of two conditions: first, when a woman is unusually strong and does heavy man's work; secondly, in women who suffer from constitutional syphilis. In this case the patient is under 50, is unmarried, has only done her own household work, and there is no reason to suppose that she has ever suffered from lues. Subsequently I found suspicious appearance in the fundus oculi, so that the apparent eruption probably confirms the rule.

The last case of which I will speak is one of a disease you will often have to deal with. It is a functional disease of the heart, and may be called "pseudo-angina pectoris," or as it is called in this report, "Tachycardia with Cardialgia," *i.e.*, a rapid pulse, with pain in the præcordium. Sometimes there is also palpitation or increased action of the heart. Is is an idiopathic affection, *i.e.*, we do not know its cause.

The patient is a short, well-built, healthy-looking man, 38 years of age. The history is that when he was a little over 30 he began to suffer from palpitation of the heart. Six years ago he had rheumatic fever, but it does not appear to have led to any organic lesion. He had never had it before. When a boy he suffered from "pain in the heart"—cardialgia. He himself refers his disorder to the rheumatic fever; but this is not likely to have been the cause. He has now for a long time been going from hospital to hospital or infirmary in different parts of the country, and I am afraid that he prefers this to working. "He has never suffered from syphilis, and he is not given to drink." He was brought in on account of palpitation with shortness of breath, and severe pain in the præcordium. The pulse was so rapid that it was impossible to count it at the wrist. Counted at the heart it was found to be 240 beats to the minute.

The case was a serious one, for this kind of lesion may cause death in a very short time. In this case the attack was so severe that it seemed to threaten the life of the patient.

What are the qualities of the radial pulse?

1. The *frequency* of the pulse which is taken within a few beats by the finger, and measured by the watch, taking each successive quarter of a minute separately. As you know, the pulse often exceeds 70 in the minute in health. It varies with position. Muscular exercise, running, rowing, etc., accelerate it. Mental emotion has the same effect, even so slight an excitement as expecting to speak in public, or going into an examination, or consulting a physician. This physiological tachycardia, with or without palpitation, however violent for the time, is only temporary. Permanent tachycardia may be secondary to various affections. It may be

secondary to organic lesion of the heart. In most cases of valvular disease it is quickened. Almost the only exception is in cases of atheroma of the aorta, with or without sigmoid stenosis, but without sigmoid regurgitation.

Again, the pulse is quickened in all febrile disorders and inflammations, in early phthisis, as well as in the later stages of that disease, and in many cases of anæmia. A very frequent pulse is a bad prognostic sign in fever and pneumonia, particularly in elderly persons. On the other hand, scarlatina and some other fevers in the cases of children, are attended by a very frequent pulse without unusual gravity.

The opposite condition of Bradycardia, or slowing of the pulse, is a much more rare occurrence. It may be congenital, the pulse having been always slow. Some persons in perfect health have a pulse of 60, and in these, 70 or 80 denotes pyrexia. It is common during convalescence from fever; it may be secondary to stenosis of the aortic valves, or to extensive atheroma of the arteries. In compression of the brain, whether from injury to the skull, from hæmorrhage, or effusion, in jaundice and in collapse from whatever cause, the pulse is often very slow.

2. The *size* of the pulse, *i.e.*, the apparent diameter of the artery. In a powerful man, with thick skin and subcutaneous fat, the pulse is often not so distinctly felt as in one who is thin and wasted. The pulse is usually large in old people, not only from this cause, but also from gradual yielding of the vessel to blood-pressure.

Instead of "large" and "small," the terms "full" and "empty" are sometimes used. Remember, however, that the arteries are always full during life. A small pulse is very characteristic of two conditions, chronic Bright's disease and acute peritonitis; it also occurs in syncope and in the latter stages of fever.

3. The *force* of the ventricular contraction (or systole) and arterial distension. This is measured by feeling with the finger the beating of the artery. For this to be felt, there must be an excursion of the wall of the artery. Its amount depends on two conditions beside the force of the ventricular contraction: the state of the wall of the artery and the resistance in the capillaries. If the arteries are atheromatous, or if there is increased resistance in the capillaries, the pulse may feel very weak, although the heart is beating strongly. So in chronic Bright's disease, the pulse is "weak," notwithstanding the strong contraction of the hypertrophied heart, because the pressure of blood in the arterial system is already great, so that the calibre cannot be much enlarged.

4. *Length of pulse.*—This also depends, first, on the contraction of the ventricle, which may be slow and "heaving," or short and "slapping"; and secondly, on the degree of "tension" or blood-pressure in the radial artery. A long pulse will give a tracing with sloping upstroke, broad summit, and gradual downstroke; a short pulse one with nearly vertical upstroke, sharp apex, and steep descent.

5. The *resistance* of the pulse—which depends either on hardness and thickness of the arterial walls, or upon unusual peripheral resistance with strong ventricular contraction. The "hard" pulse is that of chronic Bright's disease with hypertrophied left ventricle; the "soft," or compressible pulse, that of fever or cardiac disease.

6. The *rhythm* of the pulse. (*a*) Intermittent, *i.e.*, regular, except for a beat being dropt. (IIIII IIIIII III IIIII). This is common in old people, not very rare at any age, and when without other symptom is, as Heberden taught a hundred years ago, of no practical consequence. (*b*) Irregular in rhythm, or unequal in force, or both together. A "regular irregularity" may be observed in the form of grouped beats: (*P. bigeminus*), II—II—II—II; or (*P. trigeminus*), III—III—III; or (*P. alternans*), I I I I I I. The last, in an extreme case, may become a slow radial pulse, which really corresponds to a cardiac rhythm of just double, the alternate weak beats not reaching the finger.

Irregularity of the pulse may be perfectly physiological. If any of you will run for a short distance, without training, you will be surprised to find how irregular your pulse, *i.e.*, your heart, becomes. Insurance companies sometimes make steep steps to lead to the Medical Officer's room, in order to test the patient's heart. Remember, then, that the pulse may be irregular as well as too frequent from exertion or mental excitement in a healthy person. But this is temporary; talk to your patient, let him sit down, and in a few minutes his pulse will be regular and normal in frequency. The alternate pulse is of some practical importance, for you may think that the pulse is only half as rapid as it really is, *e.g.*, you may think that a pulse of 80 is only 40. To correct this impression you must count the beats by listening over the heart.

A *dicrotic* pulse is one in which the predicrotic notch, and consequently the dicrotic wave is extremely exaggerated. In a sphygmo-

graphic tracing it may appear like two beats close together. The dicrotic pulse was described before the invention of the sphygmograph, and can be distinctly felt by the finger.

The "*water-hammer*," Corrigan's, "locomotive," or splashing pulse, is one which is short and followed by sudden collapse of the arterial wall; and it is, as first shown by the late Sir Dominic Corrigan, characteristic of aortic regurgitation.

A *wiry* pulse is small and hard. A *thready* pulse small and soft, after hæmorrhage and in fatal fevers and peritonitis.

A *bounding* pulse is one in which the pulse is strong and the beat sustained. It occurs in what used to be called "*sthenic*" inflammation.

The pulse characteristic of *mitral* disease is frequent, compressible and irregular. The *febrile* pulse is large, frequent, compressible and dicrotic.

The *renal* pulse is hard, incompressible and small, until the last stages of chronic Bright's disease, when from failure of the ventricle it not unfrequently becomes soft again—no good sign, and one which calls for digitalis and stimulants, which before were injurious.

There is a curious form of pulse called *paradoxical*, because it cannot be felt, disappears during inspiration, but is normal during expiration. At the beginning of inspiration the pulse gets weak, and towards the end of the inspiration it completely disappears, and reappears again during expiration. It is said to be due to adhesions around the arteries at the root of the neck or because the pericardium is adherent behind the sternum. At all events, it is pretty certainly due to a mechanical cause, for you can produce it in yourselves at will. All you have to do is to carry your arms as far back as possible and cross your hands behind the back. Then you will find that during the height of inspiration the radial pulse disappears. This may, perhaps, be due to pressure of the subclavian against the first rib.

To return to our patient, is there organic disease of the heart; is his a case of angina pectoris, or is it malingering? To take the last possibility first: he does, I think, make much of his pain, and it always comes on when he does some work; but no malingerer can make his heart beat irregularly, or cause his skin to sweat, and his pupils to dilate with pain. Next, notwithstanding the history of rheumatism, which may perhaps have weakened the muscle of the heart, there are no signs whatever of valvular disease, of aneurysm or of adherent pericardium.

Angina pectoris is a terrible disease. The patient is suddenly attacked by extreme pain in the pericardial area, shooting down one or other arm, and compelling him to stop, speechless and motionless, expecting death to end his distress. There is, it seems, a fearful combination of intense neuralgic suffering, extreme dyspnœa, and the sense of powerless effort which makes nightmare. If the pulse is felt during such a paroxysm of angina, it is found to be unaltered; whereas in all form of pseud-angina the pulse is accelerated or irregular, or both, and in the symptomatic angina of aneurysm and aortic valvular disease it is also more or less affected, Again, true angina is almost entirely confined to men, whereas pseud-angina is quite as common among women.

Both diseases come on in paroxysms, which leave the patient feeling as well as before, and the attacks may recur at irregular intervals. But those of pseud-angina are much more frequent and they often occur in the night, when attacks of real angina pectoris are extremely rare. True angina is always fatal at last, whereas the prognosis of the more frequently recurrent and almost as distressing disorder is favourable. The following cases will serve to illustrate the two conditions.

The first is that of a patient, 52 years of age, who came to me for paroxysmal attacks of pain. He was a short, stout, healthy-looking man. He had been complaining of grave symptoms for three months. Two or three times he had had sudden attacks of intense pain while walking so that he could not go a step further. After resting a while he would be able to go on again.

The pain in the chest was situated just behind the sternum, and was of a dull aching character. This pain at times would shoot down one of his arms, most commonly the left arm. I feared that this was a case of true angina pectoris, and that the patient's life was in danger.

On his second visit to me he said that he was much worse. He had had attacks every night of much more severity than before. The attacks lasted for about fifteen minutes. I told him I was glad to hear that, for it was now certain that his disease was not true angina pectoris. It could not have occurred so often, it would probably not have occurred in the night, the fits would be shorter, and by now he would have been dead.

His doctor wrote to me afterwards, and said that at first he had also thought that it was the true disease, but that one day his patient

proposed to go for a walk with him. Almost immediately after starting, when they were going uphill, one of these attacks came on. It passed away after resting for a short time. They then walked on level ground, but soon came to another much steeper hill, and now the patient, being taken up with what he was saying, went up the hill without difficulty. In such cases the symptoms are purely neurotic, and the prognosis is good.

The second case is that of a patient—a healthy, prosperous, and temperate man—who, at about 50 years of age, became subject to attacks of severe pain in his chest, just like the last; he felt well in the intervals. It was after two attacks that he came to see me, and he said the second was far worse than than the first. He was perfectly well in all other respects. There was no evidence of any organic disease of the heart, lungs or kidneys, and the arteries seemed to be quite healthy. Instead of dilating on the distress and pain of the fits, he barely answered my questions, and seemed to shun the recollection. He was given capsules of nitrite of amyl, for inhalation whenever an attack came on, and I told his brother (who was his nearest relative), that I feared one of the attacks would prove fatal. A few weeks afterwards, he wrote to say that my patient died in his third fit of angina.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	1.	Mitral regurgitation. Albuminuria.
	4, 16, 28, 39.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	8.	Aortic and mitral regurgitation.
	13.	Chlorosis.
	21.	Mitral and tricuspid regurgitation.
	26.	Mitral stenosis.
	44.	Pericarditis. Mitral regurgitation.
	49.	Chlorosis.
Philip	5.	Pernicious anæmia.
	11.	Mitral regurgitation. Atheromatous aorta.
	16, 26.	Mitral regurgitation.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	40.	Mitral stenosis.
Stephen	5, 26.	Aortic regurgitation.
	16, 30.	Mitral stenosis and regurgitation.
	20.	Aneurysm of aorta.
	36.	Mitral regurgitation.
	38.	Dilated atheromatous aorta. Aortic regurgitation.

Nervous System.

Mary	6.	Epilepsy.
	23.	Exophthalmic goitre.
	46.	Chorea.
	48.	Hemichorea.
Philip	3.	Sciatica.
	13.	Post-diphtheritic paralysis.
	15.	Tumour. ? Cause.
	16, 26.	Chorea. Mitral regurgitation.
	27.	Syphilitic neuritis, periostitis and osteitis. Gummata.
Stephen	2.	Right hemiplegia and aphasia.
	19.	Right hemianæsthesia.
	27.	Muscular atrophy. Anterior poliomyelitis.
	30.	Chorea.

Alimentary System and Abdomen.

Mary	5.	Abdominal pain. Tumour. Pyrexia. ? Appendicitis.
	9.	Abdominal pain. Constipation.
	10.	Ulcerative colitis.
	12.	Abdominal tumour. ? Renal.
	14, 18, 35.	Gastric ulcer.
	20.	? Tuberculous peritonitis.
	31.	? Typhoid fever.
	32.	Carcinoma of stomach.
	33.	Enlarged liver. Pleurisy.
	41.	Subdiaphragmatic abscess.
	42.	Diarrhœa.
Phidip	2.	Enlarged liver. Carcinoma.
	19.	Gastritis and cirrhosis of liver.
	20.	? Appendicitis.
	31.	Cirrhosis of liver.
Stephen	1.	Cirrhosis of liver. Mitral regurgitation
	3.	Enlarged liver and spleen. Jaundice.
	6.	Carcinoma of liver.
	7.	Abdominal pain and pyrexia. ? Cause.
	23.	Tuberculous peritonitis.
	32.	Abdominal pain. ? Cause.

Respiratory System.

Mary	19.	Pleurisy. Pyrexia. Enlarged spleen.
	36.	Bronchitis.
	40.	Basal consolidation. ? Catarrhal.
	47.	Pneumonia.
Philip	4.	? Subdiaphragmatic pleurisy.
	9.	Pneumonia.
	18, 38.	Bronchitis and emphysema.
Stephen	12.	Chronic bronchitis. ? Phthisis.
	14.	Fibroid lung. Bronchiectasis.
	17.	Pneumonia.

Phthisis.

Mary	15.
Philip	8, 14, 17, 21, 28, 29.
Stephen	13, 19, 23.

Genito-Urinary System.

Mary	2. Diabetes mellitus.
	43. Tuberculous kidney.
Philip	7. Chronic tubal nephritis.
	8. Diabetes mellitus. Phthisis.
	24. Chronic nephritis. Gout.
	34, 39. Acute tubal nephritis.
	37. Acute on chronic nephritis.
Stephen	4. Diabetes mellitus.
	15. Acute nephritis.

Miscellaneous.

Mary	11. Lupus vulgaris.
	22. Osteo-arthritis.
Philip	22. Osteo-arthritis.
	32. Mycosis fungoides.
Stephen	40. Gout.

Acute Rheumatism.

Mary	3, 17, 25.
Philip	6.
Stephen	10.

Case under Drs. Goodhart and Shaw.

Diabetes Mellitus.

Philip 8. W. U., æt. 29. Admitted on 31st January, for wasting, weakness and cough. No history of tubercle or diabetes in family.

Patient was born in Margate, and when seven years of age he went to Sheppy, where he has lived since. He has been employed in the dockyard at Sheerness as a painter and labourer. He has always been very thin, and with the exception of present illness has always enjoyed good health.

Present illness (abstract of previous report).—Admitted under Dr. Wilks' care on 6th February, 1883, and discharged on 22nd June, 1883. Result: much improved. Diagnosis: diabetes mellitus. Two or three months before admission patient had large appetite and great thirst, passing large quantities of urine; bowels confined. History of wasting, weakness and depression of spirits. Patient was kept on diabetic diet, and his weight rose from 78 pounds on admission to 91½ pounds on discharge. *Urine.*—80–100 ounces daily on admission, diminished to 40–60 ounces on discharge. Sp. gr. 1036–1040 daily on admission, diminished to 1030–1034 on discharge. Sugar 18–21 grains per ounce on admission, diminished to 6–9 grains per ounce.

After his discharge from Guy's in 1883, patient returned to Sheerness, and continued his work until 29th January, 1896, when he was forced through weakness to give it up. He has kept fairly consistently to diabetic diet (gluten roll, bran biscuits, etc.), with two or three pints of fluid (soda-water, tea and coffee without sugar) per diem. He has not been excessively hungry or thirsty. His bowels have been constipated, and he has passed large quantities of light, clear urine. He has had his urine tested on two occasions—one ten years ago and again a month before admission—and on both occasions he was told there was very little sugar present. Last October he caught a severe chill, and since then he has had a cough with expectoration of a greyish-yellow viscid phlegm, and he also noticed wasting; at first gradual, but much more marked during the past three or four weeks. There is no history of hæmoptysis or night sweating.

Condition on admission.—Patient is a small man, and is considerably wasted and very weak. He has brown hair, large bright eyes, and long curling eyelashes. His complexion is sallow, and his skin is very harsh and dry, and covered with brawny scales.

Respiratory system.—Chest is long, narrow and wasted, with prominent clavicles and well-marked infra-clavicular fossæ, especially on left side: right side of the chest moves better than left. Impaired resonance over left apex to level of third rib, with deficient breath-sounds and consonating râles, which are also heard in left axilla. Left apex behind also gives an impaired note, and a few fine râles are heard over it.

Genito-urinary system.—Urine light and clear; reaction acid. No albumen or blood; sugar present. Sp. gr. 1032; 100 to 120 ounces passed daily. Other systems normal.

Treatment.—Patient is being kept on full diet (except farinaceous and substitution of gluten for ordinary bread) and latterly he is taking Ol. Morrhuæ. There is a distinct and steady diminution in the quantity of urine passed in twenty-four hours from 100–120 ounces with sp. gr. 1030–1032 to 40–70 ounces with sp. gr. 1030. The quantity of sugar diminished from 341 grains to 81 grains in twenty-four hours on 18th February, but increased steadily to 415 grains on 29th of the same month. Since then it has decreased and at present is under 300 grains. Urea has kept at 1·2 to 1·4 per cent. The urine has become darker and is now nearly normal in colour.

With regard to the pulmonary complaint, bronchial breathing is now heard over left apex, and the right apex is also probably involved, as the breath-sounds over this region are harsh with prolonged expiration and a few râles are also heard. The cough has been troublesome throughout. The sputum is inclined to be nummular, and is of a grayish colour. It has been examined on several occasions for tubercle bacilli without success.

Patient weighed 74 pounds when admitted; his weight afterwards fell to 72 pounds, but at present is again 74 pounds.

There has been slight pyrexia throughout (99°–100°) and on several occasions the temperature has mounted above 101°.

It is interesting to note that patient was only *sixteen years* of age when first admitted for diabetes and that the disease has run on for *thirteen years*. G.

In the Surgical Wards.

Cases under Mr. Howse.

Charity	20.	Tumour in region of gall-bladder; blood in motions; exploration. Numerous gall-stones found that had ulcerated through from gall-bladder, lying in large cavity bounded by adhesions of viscera. No opening into bowel.
Naaman	5.	Necrosis of olecranon. ? Syphilitic.
	12.	Small subcutaneous lipomata.
	13.	Abscess in head of tibia.

Cases under Mr. Lucas.

Charity	1.	? Movable kidney.
	2.	Hip-joint disease.
	5.	Varicose ulcer on leg.
	21.	Anthrax pustule on face.
	22.	Tuberculous knee-joint.
	23.	Ulnar nerve paralysis.
Job	—.	Double congenital funicular hydrocele.
	3.	Spina bifida. Paresis of legs. Incontinence of urine. Trophic ulcers, etc.
	8.	Senile gangrene. Amputation through thigh.
	9.	Carcinoma recti. Enlarged prostate.
	13.	Varicocele.

Cases under Mr. Golding Bird.

Cornelius	2.	Fractured clavicle. Fracture at junction of inner two-thirds and outer one-third.
	12.	Fractured femur.
	18.	Compound dislocation forwards and outwards of astragalus. Bone replaced in position under anæsthetic.
Martha	2.	Keloid in scar.
	4.	Phagedænic ulceration of breast.
	11.	Genu valgum.
	17.	Enlarged glands in neck.
	18.	Strumous dactylitis.
	Cot.	Cut throat. Incision into trachea.
Lazarus	6.	Tumour over lower end of sternum. ? Lipoma.
	13.	Tuberculous elbow-joint. Erasion.
	15.	Malignant pustule on face.
	16.	Hydrocele of tunica vaginalis. Recurrent after injection with iodine.
	17.	Large gummata in thigh.
	18.	Loose body in knee-joint.
	22.	Necrosis of humerus.

Cases under Mr. Jacobson.

Naaman	17.	Epithelioma linguæ.
	22.	Thyroid cyst.

Case for Commentary.

W. M., æt. 2¼. Admitted for constipation and vomiting.

There is no history of tubercle in the family. Patient has always been delicate, and for the last eight or nine months has suffered from attacks of diarrhœa.

History of present illness.—Fourteen days ago patient had diarrhœa which lasted for a week; at the same time he lost his appetite, and was restless, and did not sleep well. On the six days preceding admission the bowels have been opened as follows: February 5th, one; 6th, one; 7th, nil; 8th, one; 9th, nil; 10th, one. There has never been any blood or mucus in the stools. On the 6th, patient vomited once or twice after food. For the last few days the vomiting has been worse, and the mother states that it has sometimes smelt like fæces. As a rule, vomiting has been after food.

Condition on admission.—Patient is evidently suffering from rickets. He is peevish and resists examination; the eyes are sunken; pulse vapid and feeble. The abdomen is somewhat distended, and there is evident peristalsis over the upper part where the distention is more marked. There is something to be felt below the margin of the ribs on the left side, but it is difficult to make it out on account of the rigidity of the abdominal walls.

For the first eighteen hours patient did not vomit at all, and had only ʒj. of milk with barley-water every three hours. At the end of this time the milk was increased, but vomiting commenced; the vomited matter was not fæculent. For the next four days patient's general condition was better, and he only vomited occasionally, the vomit not being fæculent.

The abdomen became more supple, and the tumour beneath the margin of the ribs on the left side was definitely made out. It was hard, well defined, measuring transversely about three and a half inches, and extending downwards about one and a half inch. The fingers could not be got above it, and it moved with respiration. Percussion over it gave a resonant note.

On Sunday, February 16th, the vomiting became much worse, and the child could keep nothing down at all; he became much collapsed, the pulse being scarcely perceptible at the wrist; the vomit was distinctly fæcal. Patient gradually sank, and died on Monday, February 17th. The child's bowels were opened regularly and well during the whole of its stay in the Hospital.

A post-mortem examination was made, and the diagnosis made during life was verified.

The Beaney Scholarship.

OFFICIAL NOTICE.

The Beaney Scholarship in Materia Medica will become vacant on the first day of May next. The Scholarship is open to candidates who have studied at Guy's Hospital, is of the annual value of Thirty Guineas, and is tenable for three years. Further particulars may be obtained from the Secretary of the Board of Electors, to whom applications must be addressed, at the office of the Medical School, not later than March 28th.

Guy's Hospital Debating Society.

(From our Special Reporter.)

The Annual Ladies' Night was held on Saturday, February 29th, for which invitations were issued to the Staff, to the Matron and Sisters, and to the Lady Students at the Royal Free Hospital. The House met at 7.30 p.m., Dr. Pavy kindly taking the chair. There was an attendance of 140 members and visitors.

Mr. Hamblin Smith, hon. secretary, read the minutes of the last meeting, which were confirmed, and announced Mr. H. J. Spon's resignation of his place on the committee of the Society. A vote of thanks to Mr. Spon for his services to the Society was carried with enthusiasm.

Mr. J. M. Fortescue-Brickdale moved that "It is not under all circumstances either expedient or justifiable to speak the truth." He started with an apology for the wording of the motion, which, although he had himself formulated it, he had since found to be illogical in its literal sense. He would, however, discuss the question on the broader lines on which it would be generally interpreted. In the first place, it was necessary to realise what Truth really was. John Keats had well stated that "Beauty is Truth and Truth Beauty; and this is all ye know or need to know." Truth was the representation of facts according to the impression made by them on the mind of the narrator; contrary, perhaps, to reality, contrary to the laws of nature—as discords contrary to all rules of harmony might occur in the divinest passages of Beethoven's sonatas—but true, notwithstanding, so far as their originator was concerned. Or again, truth might be likened to the work of an artist who portrayed his own idea of a scene or face, concealing here, adding there, but yet producing an effect far truer to the artistic mind than that of the photograph, which represented much that was unreal to the human eye. But it might be urged that we were not all great artists, even in theory; and that man was a social creature, and as such must also consider the opinions of others. Primarily, indeed, it was the duty of each to face his own judgment in debating, whether or not to speak the truth; but as a development of the social life, the body politic had set up for the good of the community a barrier which could only be broken by great and responsible persons. Such were the public statements made upon oath; and it was only in an ideal state that universal freedom could be allowed in such cases, and the "impressionist's" view of the situation be substituted for that of the "realist." Each case, however, must be judged on its own merits; and it was perfectly legitimate willingly to arrange a narrative with a view to effect, as it was legitimate for an artist to paint a good picture or a poet to write a good poem. It might be noticed that the motion denied the necessity of speaking the truth in all cases; or, in other words, it contended that part of the truth might at times be withheld. This would have to be absolutely denied by opposers of the motion, and the difficulty of their position was obvious. He himself maintained what was little more than a truism, that in some cases the truth could only be told in part; but it was necessary that in doing so, everyone should realise that they incurred a grave responsibility for using their knowledge of facts to the best general advantage. In this connection it could not be allowed that deception combined with literal accuracy was other than an infringement of the truth. Deception was allowable under certain circumstances, but if practised without a due sense of responsibility and in pure flippancy was on an equal footing with deliberate falsehood. Opponents of the motion would therefore have to prove, in the first place, that works of art were immoral, for they did not represent the actual fact; in the second, that accuracy was always possible; and in the third, that it was never admissible in any case to withhold any particle of the truth.

The motion was seconded by Mr. Higgens, and formally put before the House.

Mr. L. A. Parry, in rising to oppose the motion, congratulated the mover on his method of discussing the question from a theoretical point of view. He himself would take its application to the professional standpoint. Did the House honestly believe that it was not necessary in all cases to speak the truth; that it was allowable on occasions for a medical man, when asked by his patient as to the prognosis of his case, deliberately to deceive him? If so, his confidence in the medical man would be absolutely and immediately at an end; for it existed only so long as he could trust his doctor to act straightforwardly; and it could not be contended that many patients would confide in the hon. member's statement of opinion in their case, if they had heard his speech on the subject of Truth. The difficulty of telling the truth was undoubtedly great, but it was a moral obligation to do so. In the first instance, from the professional side of the question, a patient might be given a hypodermic injection of salt solution under the pretence of morphia. On returning home and finding himself sleepless, he might actually take a corresponding dose of morphia, and so poison himself. In the second place, the mover's point of view would be destructive of all confidence between friends. And in the third place, it was absolutely wrong to deceive a cancerous patient as to the nature of his or her disease, and leave him to make his temporal and spiritual preparations for death when he was in a weakened frame of mind. The same question was continually occurring—as in "The Heart of Midlothian," where Jeanie Deans in the witness-box refused to save her lover's life by a lie; or in the celebrated tale of George Washington, who is said to have confessed to the crime of cutting his father's apple-trees; or, to give them a third instance from fiction (loud cheers), in the case of Dr. Maclure in the "Bonnie Briar-bush." Finally, supporters of the motion might urge that many great Catholics allowed equivocation to be occasionally allowable; that Milton had remarked that lies were only forbidden in those cases in which

they could be included in the Ninth Commandment: that Bentley, Paley, Johnson, and many others, had admitted the same contention. But it was evident that these were really great and good men, who did not act in accordance with their professions in this matter; and a principle which was not carried into practice by its best exponents could not be of much value. The real fallacy of the motion lay in the bottomless abyss in which the consequences of the views it expressed were bound to end.

Mr. C. P. Higgens supported the motion in the best speech we have ever heard from him. His matter was carefully prepared and well arranged, his delivery unimpeachable, and he rivetted the attention of the House from first to last. He regretted that the proposition before the House was of such a very moderate nature, for he could not see who could possibly oppose it. The cases indeed in which the truth might be shouted from the housetops were few and far between; and indeed as to the question of expediency there could be no discussion. He would, therefore, confine himself to the justifiability of veiling the truth. In taking the list of authorities quoted by the opposer, he showed that there was practical unanimity on the following points: (1) Lies are no lies when no harm is done to the hearer thereby; or (2) when the hearer has no right to know the truth—this would include the cases of children at the hands of their parents and patients at the hands of their medical advisers; (3) where there is no mutual confidence there can be no lying. "You lie like a physician," said the proverb. "Such a proverb," remarked Paley, "does honour both to the charity and the wisdom of the medical profession." As to the question, "Will you not tell him?" so often asked by the friends of the patient and raised by the opposer of the motion, the speaker referred to Dr. Goodhart's lecture at Exeter, and read from it an extract as to the uncertainty of prognosis as affecting the discussion. In the case of an old lady of 84 with acute pneumonia at the base of one lung, the lecturer was implored, with perfect reliance on his openness, to state his opinion as to the chances of recovery. His opinion undoubtedly was that the prognosis was most serious; but he could only reply, "You are extremely ill, and are going on exceptionally well." The patient made an uninterrupted recovery. The "whole truth" would, in this case, either have proved not to have been true after all, or would have resulted in the death of the patient. Against Dr. Goodhart's opinion we have that already quoted of Dr. Johnson. But Dr. Johnson gave away his case by his last sentence: "Of all forms of lying I had most abhorrence of this" (namely, the deception of the physician), "because I believe it has been most frequently practised on myself."

Mr. Hamblin Smith is always a pleasure to listen to. His speech erred only in being too brief. He confessed that he had eaten his dinner in the intention of voting on behalf of the motion; but had been converted to the opposite conclusion by Mr. Higgens' speech. For a quotation had been read to the effect that children, fools, madmen, thieves and several other irresponsible classes of mankind were unfit to receive the truth. But he had come to the conclusion that there were few, if any, in this world who could not be included under at least one of those headings; and the logical consequence would be a total and universal disregard for truth. As an instance of the disadvantages under which an innocent person laboured in attempting to speak the truth, he gave the case of a candidate at a recent examination of the Conjoint Board, who had to the best of his endeavours spoken the truth as to some question that had been put to him; and was curtly answered by the examiner, "You're a liar," a remark which hardly redounded to the credit of its author or of his profession.

Miss Fitter was warmly welcomed on rising to oppose the motion, and proceeded, in a clear and earnest speech, to maintain the necessity of absolute accuracy and frankness, which, though often difficult, are never impossible of attainment, and are always productive of the best results in the end, if exercised charitably. The instance of George Macdonald's hero, Malcolm, was given, and in conclusion, the motto "Be faithful and be true" as an excellent rule of life.

Mr. E. Ivens Spriggs spoke fluently and interestingly. He admitted that concealment of truth was on occasions allowable, but took the motion to mean that it was lawful at times to speak what was not apparently the truth; and this he totally denied. Furthermore, truth had all the advantages of appearance; or, in Napoleon's words, a lie was worse than a crime—it was a blunder. He contended, and the hon. mover rose from his seat to deny, that good art represented only the truth; and he concluded by affirming that in so far as any person followed a course not absolutely true and honest, he was retarding the progress of the world.

Mr. E. Coleman followed in support of Mr. Parry. He gave it as his own experience that he occasionally spoke the truth; and that after doing so, he found he was much pleased with himself. This, then, was one strong argument in favour of telling the truth. A second was the mover's quotation from Keats, which implied most certainly that untruth was contrary to beauty, and so could not be admitted. A third was the motive of expediency, as for instance, in giving the prognosis of a difficult medical case, in which falsehood would in the end be the worst course to pursue.

Mr. C. T. Anderson was at times playful and at times vigorous in opposing the motion, but yet refusing to follow the last two speakers entirely. He related various personal experiences of the embellishment of truth in fishing and shooting stories; cast ridicule upon the quotations given by the mover; and finally reached the zenith of frivolity in representing the nonsense talked to a baby by its mother. He satirised the falsehoods of society, expressed his sympathy for the untruthful examinee, and finally, in more serious vein, condemned the frequent deception by which a patient is induced to consent to operation.

Mr. Anderson's material is always better than his delivery; and humour is at all times preferable to flippancy. A study of the play of Hamlet is also good for the education.

Mr. S. E. Denyer made, we believe, his *début* before the House. He admitted the value of the argument on either side, but felt bound to recognise the great function of Hope in the process of recovery after illness, which compelled him most eagerly to support the motion.

Miss Kelly made at least one of the most striking speeches of the evening. She represented the contrast between the two arguments of the opposer, who, in the first instance, contemplated with awe the consequence of not telling the truth, and in the second, professed to follow the truth regardless of consequences. Truth, indeed, was no fixed thing. We followed only the relative truth revealed by our senses, and so attained, for instance, to the various forms of religious truth that occur in different nations and classes in society. The relative truth of any one period acted only as the stepping-stone to further investigation, as in the exploded theories of the atomic constitution of matter and of the benzene-ring, from which had sprung the great aniline industry. In the matter of concealment of truth we could only live by tacitly disregarding; and small social lies did much to make life liveable. Indeed, it would not be worth living, if all were to go about speaking nothing but the naked truth. For her own part, she would continue in the usages of society.

Mr. A. B. Passmore gallantly decided to leave the task of dealing with Miss Kelly's arguments to the opposer for his reply. He spoke in doubt on the subject, giving the instance of a patient who undoubtedly died from knowing what was supposed to be the truth as to his illness and its nature. Carlyle was once arguing with Stanley, when his wife reproached him for taking the opposite side to that he had taken on a previous occasion. His answer was that it was useless to be able to argue on one side only of a question. On the other hand, the supposed humour of exaggeration, leading to such phrases as "awfully pretty" and "jolly bad," were absurd.

Mr. H. C. Batchelor explained to the House that there were two forms of lies under discussion—the lie that was a lie, and the lie that was not a lie, because its author believed the statement to be true.

Mr. L. C. A. Savatard made his second speech in the society, and was again sound and forcible in argument and clear in delivery, achieving a conspicuous success. Standing behind the bar, he apologised for the impropriety of venturing to speak from that position against the motion. Seriously, however, he maintained that a high ideal was in all things necessary; that one of the chief vices of the age was that of sham, and a chief instance of the same our boast of truth in face of the habit of telling what are called "white lies" for the sake of expediency: that, although the mover would not uphold the rottenness of our commercial system, his motion, nevertheless, was but the thin end of the wedge; and, therefore, for the preservation of the high standard of the ideal the motion should be rejected.

Mr. F. E. Fremantle defended the mover from the charge brought so frequently against him of advocating the suppression of truth in a flippant mood, instead, as was the case, of enforcing the grave responsibility which anyone incurred in so acting for the benefit of the person deceived or of society at large. As an instance, he gave the absolute necessity for concealment, or even deception, of the general public in the questions of diplomacy. While negotiations were pending in the Armenian question, Lord Salisbury was not only justified but bound with a due sense of responsibility incurred to keep the public ignorant of the correspondence taking place.

The Chairman then called on the opposer for his reply, which consisted of two statements: the first, that in his consideration the arguments of the mover and his supporters had been already satisfactorily dealt with; the second, that the opinions he had upheld had been adopted only for the evening for the purposes of debate.

The Mover briefly reviewed the progress of the discussion, and remarked that if the confidence of a patient depended on the doctor's willingness to tell the whole truth, the medical profession had best at once close their front doors. Finally, in a parable, he represented how that if pains were taken to set off the gem of truth by surrounding it with adornments and decorations, the latter only would be praised by the public, and the central gem pass unnoticed.

The House divided, and there appeared 59 votes for and 57 against the motion, which was accordingly carried by a majority of 2. A second vote was taken of members of the club only, who also resolved in favour of the motion by 37 votes to 17, a majority of 20.

Messrs. Brickdale and Parry moved and seconded respectively a vote of thanks to Dr. Pavy for taking the chair. The vote was passed by acclamation, and Dr. Pavy expressed the pleasure which it had been to him now for forty-nine years to do anything in support of Guy's Hospital and Medical School; and his opinion of the high level to which the evening's debate had attained.

Nursing News.

There are several changes in our Nursing Staff to record this month. First, we must heartily congratulate Sister Clinical (Mrs. Price) on her appointment as Matron of the Mill Road Infirmary, Liverpool, though, at the same time, we must add that there is an universal feeling of regret at the loss from our own ranks of so valuable a worker. Sister Mary (Miss Hermann) will take up the duties in Clinical, and for the present a temporary Sister will be in charge in Mary ward.

In Accident, too, we are so unfortunate as to be losing the Sister (Miss Metcalfe), who is called to Australia on

important domestic affairs, but whom we shall hope to welcome back to Guy's in a few months' time.

Miss Morrah is appointed Sister in Accident.

Miss McLeod, who has been acting as Sister in the Out-Patient Department, has accepted the duties of Lady Collector for the Sustentation Fund. Nurse Hodges has been appointed for the Sister's work in Out-Patients. Sister Ella has become Night Sister, taking up her duties from March 1st, when Miss Halaban left.

During the extensive repairs which are going on at the Matron's House, Mrs. Shaw has most kindly offered her drawing-room to the members of the Nurses' Choral Society for their Friday practices at 7.45 p.m.

Dr. Bryant commenced the Medical Lectures for Lady Pupils and Probationers on Thursday, March 5th, at 7.45 p.m., in the "Long Room" at the Museum.

The following were successful in the Examination on "Dispensing":—

	Marks.		Marks.
Miss Wallace ...	147	Miss Waymouth...	125
„ Pye	146	„ Woolridge ...	124
„ Weekes ...	138	„ Salmon ...	121
„ Edmonds ...	135	„ Schurkkard..	112
„ Symonds ...	133	„ Freeman ...	105
„ Witherington	131	„ Bullows ...	98
„ Paterson ...	128	„ Miller	93
„ Dixon	128	„ Gordon.. ...	76

Trifles.

WHAT WE ARE COMING TO.

Scene: A Schoolroom in the Year 1900.

Teacher (to new boy): "Hans, have you got your certificate of vaccination against small-pox?"

"Yes, sir."

"Have you been inoculated for croup?"

"Yes, sir."

"Have you had an injection of cholera bacillus?"

"Yes, sir."

"Have you a written guarantee that you are proof against whooping cough, measles, and scarlet fever?"

"Yes, sir."

"Are you provided with your own drinking cup?"

"Yes, sir."

"Will you make a solemn promise never to exchange sponges with the other boys and never to use any pencil but your own?"

"Yes, sir."

"Do you agree to have your books fumigated with sulphur and your clothes sprinkled with chloride of lime once a week?"

"Yes, sir."

"Hans, I see that you fulfil all the requirements of modern hygienics. Now you can climb that wire, place yourself on an isolated aluminium seat and commence doing your sums."—*The Sun.*

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

J. H. G., Norwood.—The section of the breast tumour shows lobules of gland-substance embedded in much dense fibroid tissue. The ducts are moderately dilated. There is no evidence of any malignant change. The section of lymphatic gland is likewise free from secondary deposits, but it shows some subacute inflammatory changes.

T. H., New Ferry.—Tubercle bacilli are present in very small numbers.

T. H., Birkenhead.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted solely of streptococci. No Klebs-Löffler bacilli could be detected.

H., Reigate.—No tubercle bacilli could be identified in the specimen of sputum.

W. R.—No tubercle bacilli could be detected in this specimen of sputum.

E. R. M., Hastings.—Tubercle bacilli are present in large numbers.

H. H. Du B., Weymouth.—The growth is ulcerated on part of its surface, and very vascular where it has been detached from the nose. It has not the structure of a mucous polypus, but is composed of closely-packed round and oval cells. These appearances strongly suggest a sarcomatous growth, though in the presence of so much ulceration and inflammatory change it is impossible to be quite certain.

PATHOLOGIST.

Dr. Galabin will deliver a clinical lecture on "Solid Tumours of the Ovary," on Wednesday next, March 18th, at 1.45 p.m., in the Anatomical Theatre.

The Annual General Meeting of the Christian Union will be held in the Governors' Board-room, on Thursday next, March 19th, at 4.30. Mr. M. A. Key in the chair.

The Prince of Wales & Guy's Hospital.

The following paragraph appeared under the above heading in the daily press of Thursday, the 12th instant:—

Sir Francis Knollys, writing to Lord Aldenham, the President of Guy's Hospital, says: "The Prince of Wales desires me to inform you that he has much pleasure in acceding to the request which has been made to him that he would preside at the dinner which is to be held in May next in aid of the Re-endowment Fund of Guy's Hospital. I am directed by His Royal Highness to observe that in past times the endowment of great institutions, whether educational or philanthropic, was a feature in our national life of which all Englishmen were proud. The endowment of Guy's Hospital has, from causes that are well known, ceased to meet its requirements; he hopes, however, that a step will now be made towards the re-endowment of our old institutions, and that this movement on the part of Guy's may lead the way towards this very desirable object. Guy's Hospital is not merely a metropolitan institution, it draws its patients from the whole kingdom; and the Prince of Wales trusts, therefore, that you will be able to enrol among your stewards prominent representatives of the great commercial and financial interests of the whole nation."

The Royal Visit.

On the afternoon of Tuesday last, while a few men were waiting about, as usual, near the front lodge, there walked up the steps a lady and two gentlemen, one of whom proceeded to interview the porter in subdued tones. Their appearance bore a striking resemblance to sundry portraits and descriptions that have appeared from time to time in every illustrated paper in the United Kingdom, and a less striking similarity to the centre-pieces of coloured advertisements and religious almanacs and patented varieties of millinery and confectionery, that are still more ubiquitous. In short, the visitors were, without doubt, Their Royal Highnesses the Duke and Duchess of York, attended by Dr. A. R. Manby, of Sandringham, an old Guy's man. Dr. Manby conducted his companions into the accident wards, the laundry and clinical building, the museums and lecture-theatre, the new operating-room, and sundry of the medical and surgical wards. The Royal visitors expressed great interest in all that they saw, and asked sympathetically after several of the patients. They were joined in the course of their tour by the Matron, the Treasurer, and one or two members of the Staff, who accompanied them finally to the chapel, whence they drove off amidst cheers, after a visit of nearly an hour in length. Both within and without the gates, news of the visit had spread, and a large number of onlookers from the Hospital and from the Borough assembled to witness the departure.

The Re-Endowment Fund.

The Festival Dinner will take place at the Imperial Institute on Wednesday, the 20th May.

The article which appeared in the *Daily Telegraph* on Monday last, headed "Guy's Hospital in Danger," is well calculated to duly impress that circumstance upon the public mind. Dignified in style, but weighted with accurate information, every line contains a fact, and every fact is an argument from which there is no escape but cheerful submission or ignominious flight. It is a capital piece of literature for our helpers to arm themselves with, and copies can be obtained from the Secretary to the Treasurer.

With great generosity the Football Club of the Honourable Artillery Company have decided to repeat their kindness of last year, and to devote the proceeds of a great Smoking Concert at their head quarters, on the 25th March, to the funds of the Hospital, which on the previous occasion benefited to the extent of £100. Earl Denbigh will take the chair at the concert, which will be preceded by a football match between the Hospital fifteen and the team of the regiment. We are confident that every student will be eager to be present on this occasion, if only to mark appreciation of the substantial friendship of the ancient corps at the Armoury House, Finsbury. Tickets may be obtained of Mr. C. E. Michael, Mr. W. Tyson, or in the office of the Secretary to the Treasurer.

The question which most people are now asking, and expecting to be answered by the Secretary to the Treasurer, is, How is the Fund getting on? It is simply impossible, at this stage, to answer the question with any degree of accuracy. It must be obvious that success can only be accomplished through the generous efforts of a multitude of workers, and everything depends on how the work of various agencies, which have been and are being organised, comes up to our expectations.

One warning, however, must be issued. The fabulous sums which rumour credits the Hospital as having received are not to hand. Since our last issue we are assured of some very generous additions to the Fund—notably, that which will result from the collection on the Stock Exchange—but in the absence of donations of, say, six figures, half a million requires working for. There is one royal road—persistent and chivalrous effort.

The best thanks of the Hospital are due to Their Royal Highnesses the Duke and Duchess of York for their visit, which may materially help the cause of re-endowment. An account of the visit is given above.

Passim.

We give elsewhere a short account of the visit of T.R.H. the Duke and Duchess of York to the Hospital, a visit proposed, we may presume, as it was carried out, by Dr. A. R. Manby, an old Guy's man. It is a curious fact that, as far as can be ascertained, with the single exception of H.R.H. the Duke of Cambridge, who is a Governor, Royalty has never before this set foot in Guy's. The visit gives fresh evidence of the interest taken by the Royal Family in the Institution to which we are proud to belong, and in all charities which endeavour to carry on the work of an honest, reasonable and zealous philanthropy.

The unwritten duties of royal personages are such as receive but scant recognition from the general public. In this very instance our visitors were obliged to leave for an engagement at five o'clock; and the court circular and society column in *The Times* bear daily witness to their public labours, which again are but a small portion of the daily routine of their life. To the continued energy of the members of the Royal Family in this work, and to their never-failing grace and courtesy of manner in its performance, we must add our ever-increasing sense of affection and admiration for our great Queen, who has ever presented a conspicuous example of devotion to duty and loyalty to our country. To Her Majesty and to all the Royal Family we would show our continued loyalty, and reiterate our gratitude for the recent visit to the Duke and Duchess of York, who have conferred a pleasure on many patients as well as students, nurses and officials of the Hospital, and indirectly helped to forward its welfare in the present period of distress.

The letter from H.R.H. the Prince of Wales, which may be found in another column, reproduced from the daily press of two days ago, is a further proof of the genuine zeal with which our Royal Family throw themselves into the breach of charity in distress. It is to be hoped that all Guy's men, past and present, will redouble their efforts to fufil their share in the present undertaking, and at the same time to study the hints given in our Sustentation column. The time is short, and the day of the dinner is at hand.

It is not often that we are able to welcome in any number a visit from medical men of other schools to Guy's. Notice, therefore, should be more especially made of the meeting of Metropolitan Counties' Branch (South London District) of the British Medical Association, in the Court Room, on the evening of March 4th. Dr. Hector Mackenzie, vice-president of the district, took the chair, and Mr. Dunn read a paper "On some cases of Intestinal Obstruction." A few cases of clinical interest from the wards of the Hospital were subsequently exhibited.

The Debating Society decided to discuss the question of telling the truth, and resolved to invite the Sisters, the Staff, and above all, the Lady Students of the Royal Free Hospital, to assist them in coming to a conclusion on the matter, on Saturday, the 29th of February. The Sisters, unfortunately, deemed it wiser to deprive the House of their real views of the situation; the representatives of the Staff dared not compromise themselves by expressing an opinion; and of the two ladies who spoke, one upheld truth to the backbone, but was followed by a second who boldly confessed to a partiality for social "representations" of the truth as necessary to a practical existence. As Pope once remarked, "True disputants are like true sportsmen, their whole delight is in the pursuit; and a disputant no more cares for the truth than the sportsman for the hare." The saying was certainly borne out by the debate of Feb. 29th.

Some persons of a conscientious frame of mind who took part in the same debate took the opportunity—whether as a consequence or coincidence we cannot say—of hearing two good addresses from the Rev. G. Head, of Christ Church, Hampstead, on the 5th, and the Rev. W. Horne, of Kennington, on the 12th; while others attended the Wednesday afternoon sermons to medical students in St. Bartholomew's chapel, which are being given at 4.45 by the Rev. H. L. Paget, son of the eminent surgeon of that name. Mr. Paget is an excellent preacher, thoughtful, interesting, and eminently human in his sympathies, and from his last sermon we can warmly recommend the experiment to any who have nothing better to do next Wednesday afternoon.

The Physical Society met on Saturday last to hear a paper from Mr. G. E. Richmond on the "Evolution of Sex," which was followed by a fairly good discussion, in which Messrs. Clayton, Turner, Spriggs, Ramsden and Howard took part. We regret being obliged to hold over this paper, as well as that of Mr. Ramsden

for a later issue, on account of demands made on our space. We are also waiting for space to publish several clinical lectures, the report of the Nursing Institution and contributions from two old Guy's men.

Two of the most successful Guy's "year's clubs" have held their annual dinner within the last fortnight. The '91 club, "Goblin" by name, dined on Monday, the 2nd, with Mr. A. J. Cleveland in the chair, after deciding in private business to admit to election Oxford and Cambridge men of '93 and '94. The '89 club dined on Wednesday last at St. James's Restaurant, with Mr. E. F. H. Hardenberg in the chair, 49 members being present out of 66, and elected Messrs. Partridge, Steward and Beach, president, secretary and treasurer respectively for the coming year.

Although beaten in the Rugby Cup-tie by St. Bartholomew's, we were still hoping that our victors would win the cup, and so leave us a small crumb of consolation in our defeat. But unfortunately they were beaten on Thursday in last week by St. Thomas's, by the substantial margin of two goals (10 points) to nil, and all seem to agree that the better team won. We must look the facts squarely in the face, admit that we have not been near the cup this year, and take every means in our power to win it back in the near future.

Perhaps some dark horse may come to the front in the course of the matches between eight teams of nine apiece which have recently been picked up. They are sure at least to be productive of much amusement and of several new interpretations of the game; and the secretary will be worthy of much commendation if he manages to bring them safely to a conclusion.

The match of the Second XV. against Beckenham a fortnight ago resulted in terrible slaughter, three of our men being injured, and F. S. Batchelor was compelled to join the society of Higgens and the other inmates of Accident ward, where he has been treated for a displaced cartilage in the knee. We offer him our sincere condolences and wish him a speedy and successful recovery.

We publish elsewhere a detailed account of the Boxing Competition held in the Pavy Gymnasium on Friday the 6th. As we go to press the annual Fencing and Gymnastic display is about to take place. We trust it will be a success, both on account of the merit of the performances, which deserve recognition and constitute a most pleasant evening's enjoyment, and also as a tribute to Dr. Pavy, the generous founder and benefactor of the Gymnasium.

The Annual Meeting of the Cricket Club was held in the Anatomical Theatre on the 4th, and in the absence of any official account of the proceedings, we believe that Dr. Brailey was re-elected president; Messrs. F. J. Nicholls and K. B. Alexander were elected captain and vice-captain; Mr. F. R. Humphreys, secretary; and Messrs. W. G. Palmer, E. G. Goddard, A. E. Clarke and R. T. Fitz-Hugh as respective representatives of the different years on committee. Most Guy's men will remember that it was on a similar occasion last year that the late Mr. Durham for the last time addressed a meeting of Guy's men, giving, in his inimitable manner, a characteristic account of his match at Spitzbergen with Alfred Shaw under the light of the midnight sun.

There are two plain duties incumbent on every Guy's man during the next fortnight. The first is to attend the General Meeting of the Students' Club on Monday week, March 23rd, at 4 p.m., in the Anatomical Theatre, when Dr. Pye-Smith will take the chair, and students' representatives on committee for the following year will be elected. In the interests of good government, attendance is imperative in order to secure the election of really representative men, and we hope to see a crowded meeting.

The second duty is to buy, and then to give, lose, sell or otherwise dispose of tickets for the match and smoking concert with the Honourable Artillery Company, the proceeds of which will be devoted to the Hospital. Tickets may be obtained of Mr. Michael, Mr. Tyson, or other members of the Rugby team, or of Mr. Wells, in the Treasurer's office; price 2s. 6d. each. £100 was made in this way last year, and it is evidently necessary to reach half as much again this year.

Besides the above two coming events we have not much to chronicle. This afternoon the First XV. play Old Merchant Taylors, and the Second, Kensington second team, at Honor Oak; while at Association, matches are being played against Park Grove F. C. at Plaistow, and against Stockwell respectively. Next Saturday, the 21st inst., the Treasurer's prize essay on the "Structure and Function of Nerve-cells," will be read to the Physical Society by the winner, whoever that may be.

Some Suggestions on the Pathology of Acute Dilatation of the Stomach.

My attention was called to this interesting and rather rare disease by a case which was admitted to the Royal Victoria Hospital (Bournemouth), under the care of Dr. Frazer last year, and of which I subsequently took a record at the post-mortem examination.

V. D., a young fellow, æt. 20, who attended the volunteer camp here in the summer, was taken ill the first day of the camp and was admitted as described. He was found to be suffering from pleurisy and pneumonia. At the end of a week or so, symptoms had subsided and he appeared to be convalescent. Nine days after admission, however, he began to vomit some greenish fluid. He continued to vomit the next day large quantities of greenish fluid—was unrelieved by drugs or other treatment—became prostrate, and died on the eleventh day.

Post-mortem.—The lungs bore out the diagnosis made. There was a layer of lymph round one pleura, and the lung under it was tough and black-looking. What however struck me most was the great dilatation of the stomach, which—placed in the position assigned to it by Dr. Wilks as the most usual—namely, a nearly vertical one—extended from the *scrobicularis cordis* down to the right iliac region. It was filled with quarts of green watery fluid; so was the duodenum, and the intestines generally, save that it became less fluid and of a more sticky consistence in the great bowel. The duodenum, ascending colon and pancreas seemed to be lightly bound together by transparent lymph, the whole forming an ill-defined mass attached to the second and third lumbar vertebræ.

The duodenal mucous membrane was injected and blackened. The other organs were healthy. The body was that of an anæmic-looking, sparely developed boy. He had a sallow smooth face, with a few solitary black hairs. He had high cheek bones, a small mouth, with prominent teeth. Altogether not the sort of physique which our volunteers should have, though he must have had the right spirit, for he shouldered his gun and marched into camp—ill of pleuro-pneumonia.

So much for the case, which I have no hesitation in referring to acute dilatation of stomach. We have not facilities for biographical work in this district, but so far as I can find the standard works to which I have access do not mention the disease, or merely refer to Dr. Fagge's paper on the subject in the Guy's Hospital Reports. This paper was published as long ago as 1873.* At any rate, I am of opinion that acute dilatation of the stomach is an entity. It has no relation to the chronic dilatation described by Kussmaul, nor to dilatation the result of obstruction. The leading points of the disease are its rapidity and fatality, the extraordinary dilatation that occurs, and the excessive amount of fluid poured out.

* I think a case was mentioned in the Medical Journals some years ago, but I cannot find it. No doubt others must have been recorded.

The questions to consider are—why does the stomach dilate? and why is the fluid poured out? I imagine that after a prostrating disease in a person of bad physique, the stomach, being a hollow muscular organ, might dilate, as a heart will dilate in the course of a fever. Dr. Fagge, I think, tended to this view of the case, and concluded that the stomach being unable to contract and expel the contents through the pylorus it remained full, as a hyper-distended urinary bladder does. But this explanation does not seem to be quite sufficient, for first the strain in a fever *is* on the heart and hence a reason for its dilation; but the disease in this case, as well as in others, came on after disease of the lungs, and that does not throw any particular strain on the stomach. Again, in this patient the stomach was frequently emptied by vomiting without any corresponding improvement, and after death the fluid was found in the duodenum and bowels.

In considering the amount of fluid, I am rather reminded of the state called "paralytic secretion," which can be produced in the salivary glands. That is* :—"The continued secretion of a thin watery saliva from the submaxillary gland which occurs twenty-four hours after the section of the cerebral nerves. . . . It increases until the eighth day, after which it gradually diminishes while the gland tissue degenerates."

Is it not possible that certain lesions of the cerebral nerve, i.e., *the vagus, would cause a similar watery, paralytic secretion from the stomachic glands?* Apparently not much is known as to the action of nerves on the secretion in the stomach. Some of the facts observed, however, lend some probability to such an hypothesis. Such are—(*a*) stimulation of the central end of a cut vagus causes reddening of the gastric mucous membrane; (*b*) in a person with an occluded œsophagus and a gastric fistula, placing lemon or sugar in the mouth caused secretion. These substances could not have entered the stomach, hence the secretion must have been directed from the central nervous system.

Moreover, Dr. Habershon, senior, in his Lumlein Lectures, 1876, refers thus to dilatation:—"Another condition due to a weakened state of the pneumogastric nerve is dilatation or distension of the stomach." He traces the dilatation to want of the vermicular contraction due to deficient innervation. He is referring to the chronic condition. Here, then, we get side lights on the two important symptoms. We have reason to suppose that a continuing irritation of the vagus might cause the secretion of a great amount of watery fluid; and, secondly, if the irritation was accompanied by loss of function, as is probable, it would fail to produce contractions, and thus allow the stomach to distend. We are thus led to the next question, Is there anything in the clinical history of these cases that points to such a continued irritation or weakening of the vagus?

Dr. Fagge relates a case of his own; one of Dr. Rees, which he had seen during life; one seen by Sir Thomas

* Landois & Stirling's Physiology.

Watson (Humby's case); and one brought to his notice afterwards, of Dr. Hughes Bennett's.

In Dr. Fagge's case there was ulceration of the duodenum, the gall-bladder, colon and other parts were fixed together by firm adhesions of old date.

In the second case (Dr. Rees'), the patient had spat a little blood about a month before.

Post-mortem.—The lungs were œdematous, especially the upper lobes. The lower parts softer and more lacerable than natural, but there was no marked hypatization. No tubercle.

In the third case, the abdominal viscera were found healthy, except the stomach. Nothing is said of the lungs.

The fourth case is recorded under diseases of the respiratory system. The patient was admitted for empyema.

In Dr. Fagge's case, which I have narrated, the patient was also admitted for a respiratory disease.

So we may take it that out of five cases, four showed pathological evidence of possible, if not probable, irritation or lesion of the pneumogastric; in three of these from antecedent lung disease. It appears to me, therefore, that there are reasonable grounds for supposing that acute dilatation of the stomach is a pathological consequence of certain injuries, or morbid states of, the pneumogastric. G. MAHOMED.

Appointments.

Eastes, G. Leslie, M.B., B.Sc. Lond., M.R.C.S., L.R.C.P. Lond., has been appointed House Surgeon to the Royal Hospital, Sheffield.

Fisher, Theo., M.D. Lond., M.R.C.S., has been appointed Out-Patient Physician to the Bristol Hospital for Women and Children.

Henry, Gordon G. W., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of Health for the Williton Rural Sanitary District.

Kendall, B. C., L.R.C.P. Lond., L.M., M.R.C.S., has been re-appointed Medical Officer to the Helston Public Dispensary.

Lansdown, Robert G. Poole, M.D., B.S. Durh., has been appointed Surgeon to the Bristol General Hospital, *vice* W. J. Penny, resigned.

Larking, Arthur E., M.D. Durh., M.R.C.S., L.S.A., has been appointed Medical Officer of Health for the Parish of Chesham.

Swayne, Walter C., M.D. Lond., M.R.C.S., L.R.C.P., has been appointed Lecturer on Practical Midwifery at the University College, Bristol.

Treharne, J. Llewellyn, M.R.C.S., L.S.A., has been appointed Medical Officer at the Cardiff Prison, in succession to C. E. Hardyman, resigned.

We are informed that there are still many subscriptions for Gazette and Reports outstanding, and have been requested to ask those gentlemen who have not yet paid their subscriptions, to kindly forward them at once, as the rendering of accounts entails heavy expense in postage.

A Case of Hydrophobia.

G. H. G., æt. 6, Blackheath, was admitted into Hospital on February 29th, at 6 a.m., bitten five weeks previously. The dog was never seen after attacking child, and no definite history as to its suffering from rabies could be obtained. The child was not seen by any medical man after being bitten for two days. It was first noticed to be unwell on Monday, February 24th, losing its appetite and complaining of headache. He, however, went to school as usual, and on the next day. On Wednesday it remained at home, no doctor being sent for.

On Friday it was accidently seen by a district nurse who was attending the parents, and whose notice was attracted by the child's apparent dyspnœa and stertorous breathing. A doctor was sent for, who at once ordered its removal. Two local hospitals were tried for admittance, without success. Eventually it was brought to Guy's in a cab. Doctor stated that the child had distinct spasms resembling opisthotonos, which induced him to administer chloroform on the way to the hospital. On examining right eyebrow two distinct adjacent scars were visible, which would fairly correspond to the bite of a large dog.

The child was seen by Mr. B. A. Richmond, the House-Surgeon, who at once admitted into Lydia. Ultimately the child became less excitable from exhaustion, allowing itself to be washed, and later on was fed by a nasal tube. As soon as arrangements could be made the child was transferred to Clinical private room, where it remained until its death the same afternoon.

Symptoms presented.—Amongst these the most striking were, viz., a terror-stricken appearance, with staring eyes and dilated pupils, closely resembling acute mania. Temperature 101·4°; pulse 180; respiration 58. Shallow and laboured cyanosis; marked salivation, mucus in throat and mouth; lips covered with sordes; tongue swollen, right half more so than the left. Reflexes were generally increased, and the slighest stimulus, such as a bright light or any sudden change in its surroundings brought on fresh paroxysms. During the periods of excitement he attempted to scratch and bite those standing around. J. O. G.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Heroes.

Dear Sir,—Will you suggest to some keen man still about the Hospital how desirable it is that some record of the names of the Past Residents, and of the appointments each held, should be erected in some public place? Why not have them plainly carved on oak boards behind the Residents' table in the Dining

Hall? Prior to the changes of 1890 (and by the bye how well those changes seem to have worked in spite of the forebodings then entertained!) the six-monthly photographs in the Dressers' room formed a continuous record. I have not been able to discover that that very interesting series has been regularly added to since that date. Will you not suggest to the successor of the patriotic Mr. Spon that he should get the names from the Medical School Office and the money from the Clubs' Union, and the permission from the Warden, and have sufficient panelling put up to carry, say twenty years of names. I should like to see the same idea carried out in the Pavilion at Honor Oak Park. Its walls sorely needed some adornment last time I saw them—and what could be more appropriate than lists of the names of the men who have played for Guy's in each branch of sport—as before, plainly carved in oak. —I am, etc.,

SENTIMENT.

A Hint for Afternoon-tea.

Dear Sir,—As an old Guy's man I feel proud of the manner and means you have adopted to bring the Re-Endowment Scheme before the present and past members of the old School. I have only one suggestion to make, and that is, that you should point out the necessity for every Guy's man, and for every friend of Guy's, to *talk about* our needs and to get their friends to talk about them at every possible opportunity. Nearly all of us can get a few subscriptions from our patients—it's a mistake to think they don't like being asked to give; they *do* like it—and you never can tell who are the likely ones; as in everything else in this world, it is the unexpected that happens. And when you have got a cause as good and as great as Guy's there is no need for modesty. Modesty is out of place. At least we can all take the trouble to get up the facts so concisely put in the appeal you have circulated, and to talk about them and get others to talk about them. I wonder whether anybody has pointed out what a lot the present and the future students will benefit by the raising of Guy's income. More beds, more students, the recapture of some of those inter-hospital challenge cups which have been too long absent from the Students' Club.—I am, Yours truly,

"1870."

Anthrax.

Dear Sir,—Will you allow me to correct a misprint which was unfortunately overlooked in your last issue. In my notes on the Anthrax cases the last sentence but one should have read:—"In this case, not until sulphur was substituted for ipecacuanha did the spread of the local inoculation cease." One of the most interesting features of the recent treatment of these cases has been the success which has attended the use of sulphur as a germicide and escharotic.—Yours, etc.,

B. A. RICHMOND.

March 12th, 1896.

Treatment of Pott's Fracture.

Dear Sir,—From the very lengthy discourse on the above before us, from your issue of February 29th, we should like to draw some very obvious deductions, which will, we think, appeal to even the most "superficial of observers":—

1stly.—Granted that to Mr. Rowlands the results of the present treatment of Pott's fracture are "ineffectual and delusive"; surely one might trace such results to his unique method of setting, viz.: that by "*ab*duction of the foot with traction." This is evidently the "reductio ad absurdum" of Euclid, and is one of our reasons for not considering Mr. Rowlands an authority yet on the "old method."

2ndly.—What are the results of the "old treatment"? We quote from the delusive list of Messrs. Clapham and Roberts, which is so humiliating to the "old surgeons":—

"Pain on change of weather only." This hardly appeals to us as diagnostic of an old Pott's fracture.

"A slight rim at seat of fracture." This is indeed most disfiguring (especially in the case of a dancing man), and likely to become more so, if the New Photographer does his work conscientiously.

"Has pain on standing for some time." On observing superficially this did seem a strong case, but on observation to the second degree the patient is found to be 64 years of age; surely we might, with all human probability, predict for this poor aged sufferer a happy release at no far distant date.

"Can work as well as ever; very occasional pain only." Has not the truth been subverted here to form a telling argument in condemnation of the treatment of those terrible "old-fashioned" surgeons?

3rdly.—As to the plaster splint. "Legion" is the name of its disadvantages; among them we quote the following:—

"The difficulty of holding the foot still during the application." This we take it depends on the brute force of the operator.

"Atrophy of muscles." "Persistent œdema." "Fixation of joints."

We will assume, as I suppose we have a right to, that such a keen observer as Mr. Rowlands has actually seen these terrible disasters; and yet, on glancing at the after-treatment of the cases wired by Mr. Lane, we find that so far all, without exception, have been submitted to this barbarous treatment—this relic of bygone ages—the plaster splint. We will not discuss the ease or difficulty of the "new operation," as that must depend on the dexterity of the individual performer, who of course is the best judge of his capabilities in this direction.

In conclusion, sir, although we have the greatest admiration for aseptic surgery, yet we venture to think, that in this its latest development, zeal has overcome prudence, and that in the results of the old method the punishment will be found to be quite severe enough for the crime.—We are, Yours faithfully,

TWO EX-DRESSERS.

The Late Dr. Giblin.

DEAR SIR,—May I correct what I believe to be an error in your obituary notice of the late Dr. Giblin, of Hobart? My old friend T. Cattell Jones (now practising in Cachar, Assam, I think) solely initiated and edited the original GUY'S HOSPITAL GAZETTE, and I helped him correct the first printer's proof sheets. I have no recollection of others, nor of Mr. Godde Smith, with whom I was most intimate, assisting.—Yours faithfully,

HOWARD HAWKINS.

Broxbourne, Herts.
March 1st, 1896.

P.S.—Perhaps I also ought to report a new disease to you. A man came to me the other day suffering from a "flirtation" in his stomach.

The Dental Society.

A MEETING of this Society was held on Tuesday, February 11th, Mr. W. A. MAGGS, the President, in the chair. The minutes of the previous meeting having been read and confirmed, the following Casual Communications were brought forward:—

Mr. PARFITT presented models of a boy, æt. 14, showing a tumour in the incisor region. The case was under the care of Mr. Symonds, who operated, removing the alveolar process. The case was diagnosed as a myeloid sarcoma.

Mr. HOPSON emphasized the necessity of early discovery of the true nature of growths in the mouth. He mentioned a case of a patient who came to him with a swelling about the size of a pea near the left lower canine, which was devitalized. Thinking that the swelling might be due to the devitalized tooth, he opened up the root and replaced the filling. Unfortunately, he did not see the patient for over a year, when the growth was enlarged to the size of a walnut. He advised the patient to have the growth removed immediately, which he expected had been done.

Mr. PAYNE brought forward the case of a boy, æt. 13, who was operated on four years ago by Mr. Howse for dentigerous cyst in the incisor region without much success. In October last the patient came up to the Hospital again. The left upper central had erupted high up between the lateral and canine of the same side, and was surrounded by a mass of hypertrophied gum. This tooth was removed, since which there has been marked improvement, the swelling having entirely subsided.

Mr. SNELL presented part of a human lower jaw, probably very old, showing peculiar attrition in several of the teeth.

Mr. BOWDEN presented a supernumerary tooth which had been extracted from the median line of the palate; also an abnormal lower wisdom.

The CHAIRMAN then called on Mr. GOADBY for his paper on

THE BACTERIOLOGICAL ASPECT OF DENTAL CARIES.

A few years ago Bacteriology was an unknown science; to-day it holds a foremost place in treatment and diagnosis, daily adding new tactics to the fierce battle waged with disease, whilst all along the line fresh victories are being won.

With the advent of this new science came new ideas of contagion and infection, fresh precautions in surgery, fresh treatment in medicine; whilst in our own profession a new light was thrown on the causation of dental caries. The pre-bacterial theories of this process we may dismiss within short space, mentioning, by the way, the theory advanced by that astute investigator, John Hunter, who expressed himself convinced that a vital condition of the teeth existed which was in all cases lowered before caries could result. How far this may be true is not even now entirely clear, and in discussing the complicated structure of the tooth as a living part of a living organism, I shall suggest some points. Still, I do not say that a vital reaction to caries can be made out, but that we cannot with accuracy say positively that such a reaction is impossible, but, rather, is probable. Abbot's inflammatory theory is revived with some slight modifications by Bödecker in his recent work, and by some described as entirely imaginative and American; but we must not lose sight of the fact that in all the fields of knowledge no path requires more imagination, tempered, certainly, by previous results, than that of Science, Histology being no exception.

Bridgeman's electric theory only finds its equal in Edison's streams of electrified water.

Coming now to the bacteriological aspect, Underwood and Mills attempted an explanation, but their experiments failed owing to overlooking certain important facts; whilst Leber and Rottenstein described the organism Leptothryx, which they thought the specific cause of caries. Both these foreshadowed the true theory of caries; though it was reserved for Miller to amplify and bring to its present stage our knowledge of the subject.

Before commencing the discussion of the destruction of the teeth we may for a short time consider the destroying agencies themselves, beginning with the lowest order, Bacteria. Bacteria are divided morphologically into several classes:—

1. *Cocci.*—Small round or oval dot-like bodies, sometimes in pairs, *diplococci;* at other times in little masses, *staphylococci;* in chain-like forms, *streptococci;* or masses of four, *sarcinæ.* Cocci are non-motile.

2. *Bacilli.*—Organisms of rod-like shape, whose length is at least twice their diameter and whose sides are approximately parallel. They are often furnished with minute threads or flagella varying in number, whilst they may form threads, as anthrax, etc., and sometimes simulate streptococci, being, in fact, indistinguishable. The rods may be straight or curved, whilst the protoplasm often stains in patches, giving the appearance of vacuoles.

They are often motile, a circumstance due to their flagella.

3. *Spirilla.*—Forms not unlike a corkscrew with a flagellum at either end and very motile; *spirochaeta*—elongated forms of spirilla. These are all *non-pleomorphous* forms, and constitute the class Bacteria, the lowest of the vegetable kingdom.

The next series are the *Blastomycetes*, of which *yeast* is typical. Finally, come *Hypomycetes*, or moulds, to which class belong *Leptothryx* and *Clanothryx*, making up the list of *Pleomorphous* forms, all of which, with the exception of Clanothryx (Miller), are represented in the mouth, whilst upon occasion many of them may be pathogenic; the largest proportion of the mouth bacteria are, however, non-pathogenic. Any of these forms may also be aërobic—that is, requiring the presence of oxygen—or anaërobic, capable of living in an atmosphere destitute of oxygen, say hydrogen or carbonic acid.

Sometimes an organism is spoken of as being anaërobic, facultative aërobic, meaning it prefers to live without air or oxygen, but can do so if required.

We have also saprophytic organisms, or those that live in a solution of nutrient medium, as if any of you took your dinner, or what not, by a bath in soup.

Finally there are the parasitic bacteria, which require a living host.

The conditions under which any of these organisms thrive are—

(i.) *A sufficient supply of moisture.*

(ii.) *A certain optimum temperature*, varying often for certain bacteria within extremely narrow limits.

(iii.) *An alkaline or neutral medium*, for although acidity does not always destroy, it generally retards their growth.

(iv.) *The atmosphere*, as we have already seen.

(v.) *A nutrient medium*, differing with the organism.

(vi.) *The absence of light*, many bacteria being destroyed by prolonged insolation.

And now as to the life-history of these low forms of life.

Their chief object, in common with all forms of organised or living things, is to reproduce their kind, bacteria being reduced to the most essentially simple process, and may occur by *Fission* or *Spore-formation.* Fission consists in the gradual contraction of the protoplasm, of which they are made up, generally at the centre, the cell wall also sharing in the process till the two halves separate as independent individuals.

The protoplasm may become drawn out into a thread as the two separate, and breaking in the middle the two halves move away by the lashing motion of the whisp or flagellum thus formed. Such forms are described as motile, and are peculiar to bacilli, cocci being non-motile. But instead of this process of "binary fission," a highly refractile dot may be formed in the cell and ultimately extended.

If we watch this spore carefully under favourable conditions, it may be seen to burst or grow out at each end into an adult.

So much for the general life-history; and now let us turn our attention to the mouth, and see how it fulfils the conditions of bacterial growth.

The mucous membrane is constantly kept moist by the saliva, normally an alkaline fluid.

Here are two essential conditions, besides a constant temperature of 37° C., so that we have nothing less than an incubator, generally dark. Still, it would be interesting to determine if persons who constantly have their mouths open are deficient in bacteria. Then we have a constant supply of nutrient material in the form of food and cast epithelial scales, so that the conditions are almost as favourable as it is possible to have them, and we find, as we should expect to find, a vast number of organisms of many varieties in the mouth; in fact, if a platinum wire be rubbed along the gum margin and a coverglass preparation made, large masses of bacteria are invariably found, though, of course, differing in species and quantity under certain conditions.

As a rule we generally find Leptothryx of some variety, as long filamentous threads, some extremely thick, and easily seen under the low powers of the microscope, others thinner and more delicate, not, as a rule, bearing so pronounced a segmentation as the larger varieties; chains of streptococci are also often present, whilst rod-shaped and curved bacilli, single and diplococci, spirilla, and many others are also present.

It is clearly impossible to attempt even a short description of the various varieties which may be found, so a rough division must be made to bring the subject within anything like reasonable limits. Pathogenic bacteria we may at once exclude, as of no special importance in dental caries; whilst accidental forms, depending on conditions of food and environment, may also be omitted, considering only types of those classes which may have a pathological relation to teeth.

Miller, of Berlin, gives a list of the bacteria found to be constantly present. They are—

Leptothryx buccalis maxima.
Leptothryx inominata.
Bacillus buccalis maxima.
Spirillum sputiginium.
Spirochæta dentium.
Judococcus vaginata.

The two first varieties have been previously touched upon. Leptothryx buccalis maxima is seemingly most inclined to form segments not unlike the anthrax bacillus.

Spirillum sputiginium is a delicate spirillum, very motile, and most minute, whilst spirochæta is about the same thickness, but longer.

None of these have been cultivated, so that beyond their morphology we can say little, whilst even spore-formation is as yet quite undecided.

Bacillus buccalis maxima is uncommonly like a segment of Leptothryx maxima.

All stain with carbolic methyline blue and carbolic fuchsin, but do not give satisfactory results with gentian violet, whilst all specimens I have tried as yet decolorise with Gram's method. Of the products of these bacteria it is difficult to make any definite statement, since many have not been cultivated. Leptothryx, in common with others, produces lactic acid, the process being a fermentative one, and consists of the breaking down of the carbohydrate molecule into two of lactic acid. Thus—$C_6 H_{12} O_6 = 2 (C_3 H_6 O_3)$, an analogous process to the formation of acetic acid or the production of alcohol by yeast. At one time it was thought that acetic acid could be produced by the *Mycoderma Aceti*, or so-called "vinegar plant," alone, but it is now well known that this is a common product in the process of decomposition, to which reference will be made later. As regards obtaining bacteria from the mouth or teeth, a few words will suffice. A platinum wire is sterilized by heating to redness, introduced into the mouth, a small amount of the substance removed from a chosen site, brought away and planted in a suitable medium—broth or broth-gelatin-peptone, etc.—and the tube incubated. The resultant growth is, of course, very impure, so that the following method is adopted to separate the various bacteria:—Another tube of medium is inoculated with two drops of the impure cultivation, and a third tube inoculated with five drops of the second, the medium being then rapidly poured into a "plate," allowed to set, and ultimately incubated. The various bacteria grow upon the medium, forming separate colonies, which are easily distinguishable, and from which pure cultivations may be made. This method is called plate cultivation, whilst the procedure of inoculation I will demonstrate. The mode of growth upon various media serves to distinguish the bacteria, some producing pigment, some liquifying the gelatin, forming a pellicle or precipitate growing better on one medium than on another, so that we have a series of effects by which we distinguish between the various bacteria. Now, although many forms have as yet not been cultivated, there has been no lack of ideas as to their action, whilst some of the speculations are extremely entertaining; for instance, a worthy physician of Darmstadt, who first noticed the presence of "animalculæ" in the mouth, after announcing the fact, goes on to say, in a naïve way quite delightful:—"This (organism), which, for the sake of brevity, I have named Destructio-dentis-vegitiva, destroys dental substances, as Merlius lacrymis softens the wood of houses and furniture." And Weil states that he is convinced that leptothryx bores its way through the enamel. Whilst Professor Eral, thinking he had found the true manifestation of the trouble "in those white patches" existing on the surface of enamel, and that they were the worm holes or burrows, so to speak, of the dread "animalculæ" boring their way in, that he invented a method for their extermination peculiarly his own.

To quote his own words, he "treated the markings with creosote till the caries-matter was impregnated, and then with fuming nitric acid produced a violent decomposition of the creosote (!), with the parasites as well"—to say nothing of the enamel. I am inclined to think he regarded the caries-matter as a species of worm-cast.

Having considered the bacteriological condition of the mouth, we must discuss the structure of the tooth before we are in a position to build a complete theory of caries.

The inorganic matrix forms soluble compounds with most acids, and although so much has been said about the decalcification of the tooth as a mere chemical process, the lime salt does not constitute the whole mass, and we must see how far the organic portion is capable of assisting in the destruction of the tooth as a whole.

Hoppe-Seyler, experimenting on the dentine of the pig, extracted a substance that set on cooling, and behaved in other ways like gelatin.

In order to satisfy myself that we could obtain gelatin from human teeth, I repeated Hoppe-Seyler's experiments in the following manner:—

Having obtained a sufficient quantity to work upon, the teeth were placed in a vessel containing a large bulk of 2 per cent. HCl. for six weeks, the acid being changed frequently, the process accelerated by placing the jar in a digester at 37° C. At the end of the time most of the proteid substance was dissolved off. The teeth were then carefully sorted, and all adherent substance scraped off, being then again macerated for four weeks in 2 per cent. HCl., with many changes, and at the same temperature (37°). They were then washed well in water, soaked in dilute KOH (1 per cent.) for twelve hours, and finally washed again, first with ordinary, then with distilled water. The teeth were soft and elastic, but white and opaque. They were next placed in a flask with just enough water to cover them, and boiled in a water bath, the solution turning brownish as the mass dissolved, the teeth becoming quite transparent before finally disappearing.

The resulting solution gave the following reactions:—

1. Thick precipitate with tannic acid.

2. Thick precipitate on saturation with mercuric chloride.

3. Red colour with Millon's reagent.

4. Biuret reaction, whilst:—

5. The solution set to a solid mass on cooling. Gelatin is then certainly present.

The proteid reactions were evidently due to some other body present, and it was thought probably the sheaths of the dentinal tubes. Accordingly I decalcified a fresh series of teeth in the preceding manner, but the solution of gelatin was further treated by placing it in the autoclave to peptonise the gelatin, and then filtered. The residuum was washed well with dilute acid and distilled water, then washed off and centrifugalized for twenty minutes, the process being three times repeated. The resultant precipitate consisted of

short rods, evidently the broken-up tubules, and gave the following reactions:—

1. Swelled up in caustic potash.
2. Dissolved with difficulty on boiling.
3. Xanthoproteic reaction.
4. Millon's test.

We may, therefore, state the tubules to be elastin, their resistance to acids being easily explainable under this hypothesis, whilst the idea of their being calco-globulin is entirely incorrect. And, still further, although we cannot say definitely there is no albumen present, yet it is in such small quantities that the idea of its forming most of the tooth-substance as calco-globulin is impossible. The dentinal tubes are also placed on a more homologous basis with the canaliculi of bone, which have been demonstrated to be elastin, whilst the dentinal fibril and its odontoblast cell are simply bone corpuscles. The work on this point is, however, by no means at an end, although at present the time at my disposal prevents any further experiments being made. According to Bödecker, the dentine and enamel are permeated by a series of protoplasmic fibres, which can be brought into view by the gold chloride method of staining. Mummery has also shown the existence of a connective tissue network in dentine.

We have now at our disposal the factors, and may follow the course of dental caries from start to finish, applying at the various stages the knowledge we have obtained. To begin with, a breach of surface generally occurs, since we rarely find caries originating all over a tooth synchronously. This breach may be congenital, traumatic or acquired; but in any case the general results are the same.

We have already seen that carbohydrates are easily broken down into lactic acid by the action of bacteria, a well-known example being the change of the lactose of milk into lactic acid, the milk thereby becoming sour; another example being found in the souring of wine by mycodermata aceti, an organism which will not, however, live for any length of time in the mouth, as shown by Miller, who although able to demonstrate this organism in his mouth an hour after drinking a glass of sour beer, could find none the following morning.

Carbohydrate food, if retained at the gum margin, between the teeth, in the intercuspal spaces, or in a congenital fissure, is converted into lactic acid, which reacts upon the calcium of the tooth, forming calcium lactate. The process is not a rapid one, as the percentage of lactic acid is never above ·75 per cent., whilst it requires two molecules of lactic acid to combine with one of calcium. Calcium lactate is soluble in 9·5 parts of water, so that the probable explanation of the peculiar chalky caries may be in some way due to the slow solubility of this lactate. As the process advances, either directly through the surface, when a shallow, broad cavity is generally formed, or along a fissure, when the caries is more penetrating, the dentine is eventually reached, and the changes become more interesting.

Wälchli has shown that elastin, when undergoing putrefactive decomposition, yields amido-acetic acid or glycocol and amido-valerianic acid—and in several cultivations from carious teeth I have obtained a blood-red colouration with ferric chloride, soluble in hydrochloric acid, and we have a matrix capable of yielding gelatin. But the micro-organisms are always found in advance of the general caries, in dentine along the tubules, in cementum along Sharpy's fibres; it therefore seems to be perfectly possible that, *pari passi* with the extrinsic acid production, an intrinsic production is set up, due to the destruction of the sheaths of Newman and the uncalified matrix, resulting in the formation of, say, glycocol. But glycocol has the property of uniting with calcium, so that there is a secondary action in progress up to the present quite overlooked. The bacteria producing this action appear to be aërobic, as the introduction of a filling seems to cut short their ravages, although the antiseptic action of the filling material may be greater than supposed; at any rate, the bacterial action has an important bearing on slow caries. I do not mean to say that glycocol is the only acid produced by the decomposition of elastin or chondrin, but may be taken as a convenient type of the series. This secondary acid production, which, as far as I know, has been overlooked in caries—a simple finishing-off function being ascribed to the bacteria—may have a direct or indirect bearing on the transparent zone, stated by Miller not to exist in artificial caries, whilst Tomes says it does; and in the penetrating species of caries I have referred to above, to the nodules and rods found in the *débris*.

These have been stated by various observers to be calco-spherites formed from the "albumen" of the tooth, and composed of calco-globulin, but in the presence of acids any globulin present would be converted into acid-albumen. Again, the conditions laid down by Rané, Harting, Ord, and others, for the formation of calco-globulin, are that an insoluble salt of calcium is precipitated in the presence of albumen, but albumen cannot be demonstrated in any quantity in the dead tooth, if at all, and yet the production of these bodies will go on equally well if the tooth be living or dead.

Still further, some have described these "calco-spherites" as being particles of the matrix softened off by the acids. If so, a large proportion of the matrix must be albumen, but albumen does not give gelatin on boiling, whereas the tooth matrix does. Altogether, the general results of my experiments is to preclude calco-globulin from the tooth matrix. Still further experiments must be made before this theory is based on conclusive proof, but in the meantime it may be as well to accept with reservation all that has been ascribed to the reaction of calcium and albumen *inter se*, especially its so-called resistance to acids. Much has been made of the occurrence of caries in natural teeth or artificial plates in the mouth, and also in blocks of ivory, used in the early days of dentistry, but here again we must not

infer too much, for if we consider the matter a moment it is is evident that the attack of these substances is just what we should expect, since a tooth thus placed is simply a culture medium for the growth of certain organisms. It is situated in an incubator (the mouth), and kept at a constant temperature of 37° C., dark and moist, and the tooth contains a medium to which bacteria are partial, whilst other nutrient matter is supplied. Small wonder is it, then, that they thrive and produce caries similar in almost all details to that of the living tooth.

There is another effect sometimes, but not always, present in the carious destruction of the tooth, namely, pigmentation. There are many ideas as to its occurrence, some observers imputing the cause to micro-organisms, others to chemical reactions. Iron sulphide is said to be one cause, the sulphuretted hydrogen evolved by decomposing food reacting with the iron of the tooth substance. This certainly often occurs, but bacteria may produce a colouration depending on the specific organism. Sarcinæ, normally present in the stomach, may be perhaps one of the causes. Bacteria of this nature are called chromogenic, some of the colours being extremely bright, but depending both in their formation and intensity upon the medium on which they are cultivated, whilst the presence of oxygen seems to be a *sine quâ non*.

And now a word about the action of tobacco upon bacteria, as one is often asked, "Does smoking kill microbes?" Most assuredly it does.

Miller experimented in this line, and found that in a liquid in which there was an appreciable though small trace of tobacco juice, bacteria would not live, although the strength was below that commonly present in the mouths of old chewers. But this is not all; it was found that bubbling the smoke from a cigar through a solution containing bacteria prevented their growth and killed them. I have also experimented by bubbling the smoke from a pipe through a fluid containing large numbers of streptococci cultivated from the mouth. The smoke from one pipe sterilized 10 cc. of this cultivation, no growths being obtainable on inoculating gelatin tubes after the experiment.

Upon considering the various exponents in the process of dental caries which I have touched upon, and summing up the evidence, we find caries to be entirely due to micro-organisms, both by their acid production and peptonising action upon the organic matrix. Can we, therefore, describe the process as a pathological one, and caries as a true disease? For my own part, I certainly think we may. That the tooth is living is beyond doubt; its centre is supplied with blood-vessels, nerves and cells, from which radiate fibres homologous with bone-cells and processes, the fibres of the periosteum enter the cementum, and are continuous with its fibres.

In both these situations the micro-organisms are massed during caries, and we can hardly regard the fibres as dead, whilst, if they are living, their death in caries is brought about by the bacteria and their products, the latter probably impairing the vitality of the fibres, enabling the bacteria to continue their work of destruction, whilst in caries of a tooth removed from the mouth the fibres are already dead and ready for speedy destruction. But the structure of cement is almost identical with bone, and the process of caries in cement and dentine are exactly similar, and caries of bone is always associated with micro-organisms—generally tubercle—so that we have two similar structures each of which owe their destruction to micro-organisms. We must be careful before we say, however, that caries of bone, caries of cement, and caries of dentine are similar. They have strong points of resemblance, especially when we consider that the blood-stream is in more close relationship to bone-tissue than tooth-tissue; the chief point of difference is, however, that the tubercle in bone caries is brought by the blood-stream, whilst in dental caries the entrance is from the mouth—that is, external to the tooth.

But in the case of an incised wound, say the knee-joint, bacteria may enter from the exterior—nay, *do*—and destroy the cartilage; and if we drill a hole into a tooth and leave it in the mouth, caries generally results—not that a tooth is directly comparable with the knee-joint, but that septic influences enter from without, in each case destroying gelatin-producing tissue. Other pathological conditions occur in dental caries—namely, pain, at times severe, whilst ultimately loss of function takes place.

Now, the word pathology comes from two Greek words—πάθος (suffering), λόγος (a treatise)—in fact, a discussion of suffering, the science treating of disease, whilst Virchow's cellular pathology is a theory "that gives prominence to the vital action of cells in healthy and diseased functions of the body." Now, pain must be the reaction of living tissue to a morbid process, or injury, whilst the dentinal fibrils and uncalcified structures of a tooth must resist the invading organisms, even though we cannot demonstrate it.

That it exists I am convinced, and that caries of teeth is as true a pathological process as any in morbid histology. Still, it will only be by long and patient research that all the most sceptical can be convinced, and dental caries admitted to its proper place in the realm of Pathology.

The President congratulated Mr. Goadby on his excellent paper, remarking that criticisms were invidious on so good a paper. He mentioned the rapidity with which wounds heal in the mouth, probably faster than in any other part of the body.

Mr. Snell thanked Mr. Goadby for his paper. He asked if all bacteria had the same power on the teeth. He also asked what effect the acids of the mouth had on bacteria.

Mr. Hounsell asked whether it was possible to "vaccinate" against micro-organisms in the teeth.

Mr. Musgrove asked whether extreme pain in shallow cavities might not be due to some extent to micro-organisms.

Mr. Dimock asked whether the variable rapidity of the advance of dental caries was due to any special bacteria.

Messrs. Payne, Heesom and Ellis also joined in the discussion.

Mr. Goadby having replied, a vote of thanks to him for his paper brought the meeting to a close.

Sport.

Association Football.

GUY'S 2ND XI. v. STOCKWELL.

Played at Honor Oak on Saturday, February 29th, and resulted in a victory for Guy's by five goals to one. Stockwell played one short. Team:—

Guy's.—A. R. Thomas (goal); V. Smith, D. G. Greenfield (backs); H. Trubshaw, M. H. Thornely, T. R. Beale-Brown (half-backs); P. W. Camps, A. A. Miller (capt.), A. Pearson, R. M. Barron and S. Hughes (forwards).

GUY'S 2ND XI. v. CARLTON.

Played at Tooting on Saturday, March 7th, under somewhat unfavourable conditions, and resulted in the defeat of Carlton by four goals to two. Goals by Miller, Camps (2) and Ford. Team:—

Guy's.—A. R. Thomas (goal); V. Smith, D. G. Greenfield (backs); H. Trubshaw, L. G. Humphrey, T. R. Beale-Brown (half-backs); P. W. Camps, A. A. Miller, G. Ford, R. M. Barron and S. Hughes (forwards).

Rugby Football.

GUY'S v. OLD LEYSIANS.

This match was played at Honor Oak Park on February 29th. Guy's lost the toss, and kicked off against a strong wind. During the first quarter of an hour Guy's were considerably pressed, but play then became of a more even character. Nothing was scored up to half-time. Crossing over, Guy's assumed the aggressive, and as the result of a good piece of play, Jackson ran in; the kick at goal failed. The Hospital maintained the upper hand till within a few minutes of time, when McDarmid gained a very lucky try for the Old Leysians; no goal resulted. Time was called soon afterwards without any addition to the score, the game ending in a draw of one try each. Team:—

Guy's.—F. Sime (back); F. Rae, T. Morgan, A. Kinsey-Morgan, F. D. S. Jackson (three-quarter-backs); F. C. Wetherell, J. W. Gardner, E. G. Goddard, C. R. Nicholson, F. G. Gibson, H. V. Bagshawe, H. G. Rashleigh, P. D. Hunter, E. Cohen, W. Tyson (half-backs).

GUY'S v. RICHMOND.

The above match was played on the ground of the latter on Saturday, March 7th. Guy's had several men away, and considering this, the result was by no means unsatisfactory. The ground was a bit heavy owing to heavy rain in the morning, but, luckily, there was no further downpour during the game. Richmond scored twice during the first half, by means of Woodyat and Hancock, Ashford converting one of the tries. In the second half, Guy's played up very strongly, and the Richmond full-back was several times called upon. No score occurred during this portion of the game, and in the end Richmond won by one goal and one try to nil. Team:—

Guy's.—H. G. Rashleigh (back); F. L. Rae, H. N. Clarke, F. D. S. Jackson, F. Sime (three-quarter-backs); F. C. Wetherell, J. N. Gardner (half-backs); E. G. Goddard, C. R. Nicholson, F. G. Gibson, H. V. Bagshawe, E. Cohen, H. Traill and M. D. Wood (forwards).

Guy's Hospital Boxing Competition.

The Annual Boxing Competition was held in the Pavy Gymnasium on Friday, March 6th. There was a very fair audience present, notwithstanding that the affair had been postponed for two days and then rushed through without giving the public due notice. Owing to this fact, the intended judges, Messrs. Cousins, Allport and Tresidder, were unable to attend. Nevertheless, the show was not lacking in interest to all lovers of *la boxe;* in fact, it may be said to be the best exhibition seen in the Gymnasium since 1893. The following was the programme fixed for the evening:—

Novices.

Chatelaine v. Pern.
Camps v. Redpath.
Greenfield v. Beattie.

Open.

Cogan v. Matthews.
Kinsey-Morgan v. P. D. Hunter.

The proceedings opened with the first novices' bout,

Chatelaine v. Pern.

This was one of the best of the evening, being for the first two rounds a very close contest; but towards the end of the third round Chatelaine's superior height and weight began to tell on Pern, who weakened considerably. Although Pern was beaten he in no way disgraced himself, and we cannot do less than commend him for the plucky way he stood up to his opponent all the way through, the contest reminding one of the bout between his brother, Horace Pern and D. W. Martin; evidently Pern comes of a fighting stock.

Greenfield v. Beattie.

For the first round the boxing was a very tame performance, but as both men gradually warmed up to their work they showed better form. Eventually, Beattie, who is the stronger and shapes better than Greenfield, won the judge's verdict. Greenfield must enter the ring next time with more confidence, and we will wish him better success.

Cogan v. Matthews.

As we have seen these two box so often, a description of the affray is not necessary. Cogan, through better training and superior height, won an easy victory. Matthews seemed to be suffering from a cold.

Camps v. Redpath.

Considering the short time these men have been boxing, we can congratulate them on the form they showed. It is to be hoped we shall see them boxing more frequently next season. Camps won.

Kinsey-Morgan v. P. D. Hunter.

Both men were very evenly matched as regards height and weight, but Morgan showed better form; this is only natural, as Hunter has only commenced boxing this last month, and for the short time he has been at the game he is a wonderfully good man. Let us hope he will continue to improve, as with men of his stamp we have a fine opportunity of bringing back the United Hospitals' Boxing Cup.

To relieve the monotony of watching contest after contest, two visitors (Mr. Cooper, of Kennington, and Mr. Chatelaine, of the Cestus Boxing Club) very kindly consented to give an exhibition spar. The audience showed their appreciation of this by their loud applause. An interval of fifteen minutes followed for refreshments.

After the interval, Camps, considering his chance of winning a very remote one, determined to scratch; this left the contest for the Novices' prize to Beattie and Chatelaine. These two soon made their appearance.

Beattie v. Chatelaine.

Chatelaine was seconded by his brother, while in Beattie's corner was our trainer, Professor Bill Natty. Both led off very cautiously, Beattie being the first to score. The first round was of a very even nature, there being very little to choose between either man. Round two saw Chatelaine a bit more lively, he evidently having orders from his brother to force the fighting. For a little while he seemed to have the best of it, till Beattie, wakening up to the fact he was not doing much, shot out his left which landed on Chatelaine's jaw and a short rally ensued, of which Beattie had the best. In the third round, Beattie did better, leading off more; he eventually won, but with not much in hand, as the referee's verdict had to be asked, the judges disagreeing.

Before the final of the Open Competition took place, P. F. Henry and W. M. Price gave us an excellent exhibition of their prowess, much amusement being caused by the vigorous way in which Henry followed Price about the ring, not allowing him a moment's peace till time was called. The third round of this spar was not a long one, but it evidently seemed so to Price, who convulsed the house by a remark he made to the time-keeper.

We now come to the chief feature of the evening, viz., the contest for the final of the Open Competition.

Cogan v. Kinsey-Morgan.

Both men started cautiously, Morgan being the first to lead off, but he was well countered by Cogan, who was not to be caught napping. Several rallies now ensued, the pace waxing fast and furious, during which time Cogan's face gradually assumed a reddish tinge, and when time was called at the end of the first round Morgan retired to his corner with points to his favour. The minute's interval worked miracles with Cogan, who came up from his second's (Percy Dykes') hands smiling and looking as fresh as if he had not been in the ring before that evening. He justified his second's good opinion of him, for when he returned to his corner the second time he had not only wiped out all the score against him, but had also added a little to his credit. The third round was a very close affair, neither one being able to gain points in advance of the other, and when time was called speculation was rife as to the winner. To show the closeness of the contest, the judges disagreed and the referee ordered an extra round of two minutes. This was a decider; Morgan had grown weak, and Cogan, taking advantage of this fact, scored fast, and towards the end had scored many more points than his opponent. Nothing could now avail Morgan but a knock-out, and his failing to bring about this left his rival a well but hard-earned victory.

This ended the evening's performance.

In conclusion, we tender our thanks to the visitors who favoured us with their presence, hoping that they enjoyed themselves and that they may be able to come again next season to see an equally good, if not a better, performance.

While we are on the subject of boxing, we must remind men that the Inter-Hospitals' Contest takes place next Monday, the 16th, at the Drill Hall, Davies Street, Berkeley Square, Oxford Circus. It is to be hoped that all Guy's men who take the slightest interest in boxing will turn up to encourage our representatives, who we hope will be successful.

H. AUSTIN POWELL, Hon. Sec.

Births.

SCOTT.—On February 20th, at German Place, Brighton, the wife of Alfred Scott, M.R.C.S., of a daughter.

SMYTH.—On February 24th, at Adelaide Road, Brockley, S.E., the wife of F. Sydney Smyth, F.R.C.S. Edin., of a daughter.

SUTTON.—On February 19th, at Sidcup, the wife of C. R. Arnold Sutton, M.A., M.D. Cantab, of a son.

Marriages.

CURRIE–GUBBINS.—On February 8th, at Harrismith, Orange Free State, Oswald James Currie, M.B. Lond., M.R.C.S.E., of Maritzburg, Natal, eldest son of Alexander Currie, of Blackheath, to Sara, second daughter of the late George Gough Gubbins, Summerville, County Limerick.

HOWARD — CUNNINGHAM.—On February 8th, at St. Saviour's, Aberdeen Park, John Alexander Howard, M.D. Lond., only son of John Howard, of Ashby Road, Canonbury, to Emily Gertrude, eldest daughter of the late Charles Cunningham, of Balfour Road, Highbury New Park.

Death.

PRALL.—On March 10th, at Bampton, Oxfordshire, Lucy, the dearly beloved and devoted wife of J. Henniker Prall, L.R.C.P. Lond. and M.R.C.S. Eng., aged 31.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Guy's Hospital Gazette,

MARCH 28, 1896.

On the Clinical Value of Blood-Examination.

A Paper read before the Physical Society on Saturday, February 8th, by Mr. W. Ramsden, B.A. Oxon.

Mr. President and Gentlemen,—I have chosen this subject because it is at the same time interesting from the scientific point of view and practically useful, and because the examination of the blood is not receiving as much attention in this country as I believe it deserves. When one meditates on the fact that the blood is, so to speak, an expression of the activity of the whole organism, the mixed secretion of every cell in the body, the channel through which pass all nutritive and waste products, and that it contains the phagocytes, antitoxins, etc., so important in the struggle with micro-organisms, it is easy to see that very much must be learned by a thorough study of its changes in health and disease. Unfortunately this very complexity and richness of interest renders such a study more than usually difficult.

The blood may be investigated from two points of view, the morphological and the chemical, the latter presenting the more difficult problems. It seems probable that even when the microscope shall have done its utmost, when it is known whence the blood-cells come, when and how they are disintegrated, what are the parts played by the different kinds of leucocytes and their genetic relationships, much more will remain than can only be understood by applying chemical and physical methods.

Very much, however, can be learned from mere microscopic observation of the formed elements of the blood; and this side of the question will alone be considered this evening, omitting all reference to the very important bacterial and other parasites whose significance is obvious. Only those methods will be mentioned which require no very special skill on the part of the observer, and which yield results of practical importance.

Blood consists of a liquid plasma, suspending the red and white corpuscles and certain minute particles termed blood-platelets, whose function is unknown. During early embryonic life the red corpuscles are nucleated, but in the healthy adult nucleated corpuscles are confined to the bone-marrow, and are only found in the general circulation under morbid conditions. In disease, the red corpuscles may be larger or smaller than normal, when they are termed megalocytes and microcytes respectively. If nucleated they have been named hæmotoblasts and, according to their size, megalo- or giganto- blasts, normoblasts and microblasts. The white blood corpuscles, or leucocytes, may be classified according to their size, the number of their nuclei, the granules they contain, or their richness in protoplasm. Ehrlich has introduced another most important classification based on the behaviour of the granules contained in their protoplasm to certain aniline dyes. These dyes are either acid or basic: and by mixing one of each kind a so-called neutral dye is obtained. Ehrlich observed that certain coarse granules, found in about one per cent. of the leucocytes of normal blood, stain intensely only with acid dyes, of which eosin is the best known type. Hence he termed these granules *eosinophile*, or oxyphile. The remaining polynuclear leucocytes, which form nearly seventy per cent. of the total, are crowded with much finer granules, staining better with neutral dyes, and are hence termed by Ehrlich *neutrophile*. Rarely in human blood other granules are met with which stain only with basic stains and are hence *basophile*. In Erhlich's sense, all nuclei are basophile.

Speaking generally, the leucocytes of human blood are either neutrophile or eosinophile, as the very rare basophile cells have little interest at present from the clinical point of view. The neutrophile granules are found constantly in ordinary pus-cells, and these cells and the polynuclear neutrophile leucocytes of blood are now universally regarded as identical. These granules are never met with normally in the typical mononuclear leucocytes, but occur in small numbers in certain leucocytes with kidney-shaped neucleus, which are supposed to be transition-forms from mononuclear to polynuclear. Kanthack and many others object to the term neutrophile as applied to these granules, pointing out that they stain quite well with eosin, and it has been proposed

to call them the fine eosinophile granules. Since, however, other considerations show that they are of a different nature to the coarse eosinophile granules, and since they stain better in Ehrlich's neutral mixture than in eosin, the term neutrophile may conveniently be retained for the present. The coarser larger eosinophile granules appear to be of an albuminous nature. Like the finer granules, they are never seen in mononuclear leucocytes in health, and it is stated that eosinophile mononuclear leucocytes are never found except in leuchæmia—that they are absolutely pathognomonic of this disease.

Making use of Ehrlich's investigations, and other considerations already enumerated, it is possible to classify the leucocytes of normal blood into five kinds:—

1. Polynuclear cell with fine neutrophile granules identical with the typical pus-cell, 64–66 per cent.

2. Lymphocytes, devoid of granules, small mononuclear cells with little protoplasm, 28 per cent.

3. Large mononuclear cell, also devoid of granules with more protoplasm than (2); the so-called splenocyte, 6 per cent.

4. Transitional, occasional granules, nucleus kidney-shaped, regarded as an immature polynuclear leucocyte.

5. Eosinophile polynuclear cell with coarse eosinophile granules.

The so-called polynuclear cells would be more accurately named polyfid-nuclear, as the apparently separate neuclei are usually connected with one another; but the old name is convenient and generally used. Besides the five varieties of normal blood, other kinds occur in disease.

6. Eosinophile mononuclear { Large or myelocyte / Normal in size / Dwarf } pathognomonic of leuchæmia.

7. Neutrophile mononuclear { Large / Normal / Dwarf } found in various cachexiæ and in leuchæmia.

8. Cornil's myelocyte with excentrically situated nucleus and no granules; found in leuchæmia.

9. Mast-cells or Basophile polynuclear.

In this classification a myelocyte means an abnormally large leucocyte.

As the percentage representation of the leucocytes varies considerably in different diseases in a way which is often characteristic of the disease, it is obviously not sufficient, in examining blood, merely to count the leucocytes as a whole. Much additional information is acquired by (1) ascertaining the proportion of each of the different varieties, and (2) seeing if any abnormal kinds are present. This can only be done accurately by making blood-films and staining by appropriate methods. *Nothing can be simpler than their preparation*, and very little practice makes one expert. The following rules should, however, be strictly observed:—

1. The cover-glass must be absolutely free from grease, and must never come in contact with the fingers.

2. The patient's skin should be freed from surface fat by rubbing it gently with a mixture of alcohol and ether.

3. The drop of blood must not be too large and must have a minimal exposure to air.

4. The blood must well out by itself if possible, and only very slight pressure may be used.

A small lancet is, I think, preferable to a needle.

It is most conveniently taken from the lobule of the ear, as this is not so disagreeable to the patient as pricking the sensitive finger-tip, and nervousness is avoided by his not seeing the lancet. The first drop of blood should be wiped gently off; the second is spread between two cover-glasses by laying them face to face, and then rapidly but smoothly drawing them apart and allowing them to dry in the air. The preparations will keep unaltered for weeks, and it is a good plan to make at least half a dozen of them. Before being stained they are best fixed by heating to 120° C. for ten minutes in a hot-air bath. A few minutes fixes the hæmoglobin sufficiently for most purposes, unless staining methods requiring long exposure to aqueous solutions are employed, when two or three hours may be necessary before the hæmoglobin is rendered absolutely insoluble. Fixation by passing through a flame in the ordinary manner is usually unsatisfactory, as the staining power varies according to the degree of heating, particularly of the eosinophile granules, and the results obtained are then *not strictly comparable*. Fixation in alcohol-ether mixture tends to give a clouded appearance, and the staining is not so vivid. Besides preparing blood-films, it should be made a rule to examine a drop of blood on a slide, the cover-glass being ringed with vaseline to prevent evaporation. After ten minutes, observe whether rouleaux-formation is good, and estimate roughly the amount of fibrin formed.

Of numerous staining methods, the following are sufficient for all clinical purposes, and can be recommended:—

1. Hæmatoxylin eosin.—Ehrlich's acid hæmatoxylin, 2 min. (or Grenacher's hæmatoxylin, 5 min). Rinse in water and stain in a watery solution of eosin until rose-coloured. Wash, dry and mount in Canada balsam.

2. Eosin-methylene-blue.—Equal quantities of methylene-blue solution and of 0·5 per cent. aqueous eosin are mixed with five times their volume of water. Filter, stain five minutes, wash, dry and mount in Canada balsam.

3. Ehrlich's triple stain, modified by Neusser:—

Acid fuchsin, saturated solution	50 cc.m.
Orange green	70 cc.m.
Methyl green	80 cc.m.
Distilled water	150 cc.m.
Absolute alcohol	80 cc.m.
Glycerine	20 cc.m.

Mix with as little shaking as possible. After a fortnight it is usually fit for use. Stain three minutes. Nuclei become greenish-blue, hæmoglobin greyish-yellow, neutrophile granules a violet-red, eosin granules yellowish-red, and basophile granules, if present, a deep blue-green.

With the eosin-hæmoglobin and eosin-methylene-blue methods all nuclei become intensely blue, red corpuscles

and eosinophile granules rose-coloured, and the neutrophile granules are either very slightly stained or not at all.

Having prepared and stained the blood-film, the following points should be specially noted:—

1. As regards the red corpuscles, their shape, size, richness in hæmoglobin, numbers, and presence of nuclei. A nucleated red blood corpuscle is sometimes difficult to distinguish from a lymphocyte whose protoplasm has been overstained with eosin, but can generally be recognised by the greater intensity with which its nucleus stains.

2. As regards the leucocytes, the presence of any abnormal kinds, the nature of their granules—whether eosinophile or neutrophile—and the percentage of each variety should be noted, while a rough estimate can be made whether the white cells are increased in number or not. In normal blood and using an immersion lens, there is usually one leucocyte in two or three fields.

By using the hæmoglobinometer and hæmocytometer these observations can be verified, the leucocytes and red cells accurately counted, and the hæmoglobin-index estimated. To count the white corpuscles it is desirable to use a special pipette giving a dilution of 1 in 10, as compared with that of 1 in 100 used in counting the red. As a diluting fluid, 0.3 per cent. acetic acid deeply coloured with methylene blue can be recommended, as it decolorizes the red corpuscles while staining the leucocytes; and thus makes the enumeration of the latter much easier. In normal blood the average number of red blood corpuscles is five millions in a cubic millimeter. In various morbid conditions this number, as is well known, is widely departed from. A diminished quantity of hæmoglobin in each corpuscle, or reduced hæmoglobin index, is characteristic of chlorotic conditions, and can often be recognised in the stained preparations by the abnormal width of the central depression in each corpuscle. An increase in the hæmoglobin index is not met with regularly, except in idiopathic pernicious anæmia, and is here due to the presence of individual red corpuscles, which have far more than their fair share of pigment. The alterations observed in paroxysmal hæmoglobinuria, in poisoning from nitrobenzol, and many other conditions, are somewhat apart from our subject, in that no diagnostic value can be attached to them, and they must therefore be passed over.

The leucocytes of normal blood number seven to ten thousand per cubic millimetre, being more numerous in the well-fed than in the poorly-fed classes. This gives a normal relation of white to red of 1 to 500 or 700. In children they are more numerous than in the adult, while in new-born children eosinophile cells are especially plentiful. Every marked increase in their number has been termed a leucocytosis, while a decrease is a leucopenia (πενία—poverty, need).

Leucocytosis occurs physiologically after every meal rich in proteid, reaching its maximum in 2–4 hours, and rarely exceeding an increase of one-third. According to Pohl, non-proteid food causes no such increase. Besides digestion-leucocytosis, there is also leucocytosis during menstruation and the later months of pregnancy, and following the administration of certain drugs, such as pilocarpin, bitters, iron, nuclein, essential oils, tuberculin, pyocyanin and nearly all bacterial poisons. Hence before any given leucocytosis is assumed to be pathological it is necessary to exclude all physiological causes, and in case of doubt it is a good plan to make observations before breakfast, and to omit any suspicious medicine.

The most interesting of all, from every point of view, are the leucocytoses which accompany disease. As a result of very numerous and careful investigations it has been found that almost all inflammatory and febrile diseases are accompanied by an increase in number of the leucocytes—in pneumonia, pleurisy (during the progressive period of the attack), empyema, erysipelas, meningitis, whether suppurative or cerebro-spinal, osteo-myelitis, scarlatina, acute nephritis, small-pox, diphtheria, suppurative peritonitis, pyæmia and ulcerative endocarditis, and in all conditions due to strepto-, staphylo- and pneumo- cocci. It is not merely a consequence of the pyrexia, for it is absent in some diseases, such as typhoid fever, and in most tubercular affections. Virchow thinks it occurs wherever the lymph-organs are irritated, but this view of the matter hardly meets the facts observed in typhoid, where, if anywhere, there is certainly inflammation of lymph-structures, and yet diminution instead of increase of leucocytes. Very numerous theories have been put forward to explain why it occurs, as also how leucopenia occurs, but I fear you would hardly think it worth while to go into them in detail. The most plausible theory is that which attributes them to a chemiotactic, attractive or repellent effect exerted by the bacterial toxins or other chemical bodies.

Besides the inflammatory and physiological leucocytosis a third important class exists, which may be called cachectic. This is met with in all symptomatic or secondary anæmias, whether due to hæmorrhage, toxæmia, intestinal parasites, malaria or malignant growth, to phosphorus or lead-poisoning, etc., etc. Lastly, there is the very important group of the leuchæmias.

There is some reason for thinking that in many cases the leucocytosis is protective; for in pneumonia, if none occur, the prognosis is bad. This fact harmonises well with numerous observations on all kinds of animals, showing that while an immune or immunised animal responds by leucocytosis to a pathogenic inoculation, the animal which has not been rendered immune exhibits no leucocytosis and dies. It may be that the leucocytes in these cases bring up the necessary antitoxin or other substance, without which they cannot face the enemy. Hankin suggested that the eosinophile granules were of this nature, and his view was warmly taken up by Kanthack, though I believe later to some extent abandoned. The enormous preponderance of neutrophile

cells speaks in favour of these as alexin-carriers, rather than the scarce eosinophile cells which are conspicuous by their absence in many of these conditions.

Whence they come and how they disappear is another difficult question, as yet unsettled. A leucocytosis may be due to three factors: (1) diminished destruction, (2) increased production, (3) the circulation of leucocytes which were previously stagnating either in the lymph or vascular system. There is evidence of increased production in the leucocytosis due to digestion and in leuchæmia; and from the enormous numbers of leucocytes thrown into pneumonic and purulent exudations, one cannot doubt that it occurs in these cases also. There are, however, many facts which show that the third factor is by no means negligible, and may give rise to truly startling results. Thus, experiments are recorded in which a very few seconds after injection of curari, hardly a leucocyte was to be found, although previously numerous. Perhaps this fact is associated as cause and effect with the increased permeability of the capillaries, which is shown to occur by the increased lymph-flow. Löwit's observations of the leucopenia produced by simply tying down an animal, shows still more plainly the importance of the third factor.

It is worthy of note that in nearly all inflammatory leucocytoses, the polynuclear cells are increased out of proportion, while in the cachectic variety the proportion of lymphocytes is increased. As already mentioned, there is evidence that the polynuclear is merely a mature mononuclear leucocyte, which, with its maturity, has acquired an increased power of amæboid movement and dispedesis, and has secreted neutrophile granules in its protoplasm. If this be so, the increase in polynuclear cells shows that the ripening process goes on with abnormal rapidity under the conditions met with in most febrile diseases, while the increased percentage of lymphocytes in cachectic conditions would be due to impeded maturation.

The eosoinphile cells form a very interesting chapter; but cannot be adequately considered to-night. Ehrlich believed them to arise solely from bone-marrow; but they undoubtedly arise also locally in the skin, bronchial and nasal mucous membrane; intestine and probably the prostate. They are of constant occurrence in asthmatic sputum, and the Charest-Leyden crystals of asthmatic sputum and leuchæmic blood are probably formed from the eosinophile cells, since they never occur where the latter are not found. During an attack of pneumonia they disappear, but invariably reappear about the time of crisis. Neusser finds them increased in various neuroses: asthma, mania, migraine, epileptic and uræmic convulsions shortly after the fit.

The lymphocytes are increased relatively and absolutely in lymphatic leuchæmia, and are relatively increased in some chloroses, hæmophilia, scrofule, and cachexia.

But the time set apart for this paper has nearly gone, and the remainder must be devoted to individual diseases, and, if possible, justify the title given to this paper.

Pneumonia is one of the most interesting from the present point of view, as it is invariably accompanied by a considerable leucocytosis in cases which recover. The leucocytes may reach the figure of 50,000 per c.mm., and in many cases 95 per cent. of these are polynuclear leucocytes, the lymphocytes forming a bare 5 per cent. If there be no leucocytosis the prognosis is said by von Jaksch and others to be bad. The man who does not respond to pneumococcus infection with leucocytosis may be compared to an infected and non-immunised rabbit—both will almost certainly die. An exception has to be made to this statement, however, if the pneumonia appears as a complication of typhoid, as the typhoid diminution may obliterate the pneumonic increase. The increase is not proportioned to the extent of lung involved. It begins with the first symptoms and lasts until the crisis, when, as a rule, the temperature and number of leucocytes decrease simultaneously. In a few cases, however, it persists two to three days; but this is exceptional, and a pseudocrisis can often be recognised by persistence of leucocytosis in spite of a fall of temperature. In one case, in a child, it was possible to diagnose central pneumonia from an intense leucocytosis observed some time before any physical signs developed. In 70 per cent. of cases the eosinophile cells, which have already been said to be absent during the attack, make their appearance a few hours before crisis, and Neusser claims to have prophesied correctly the occurrence of crisis on the strength of seeing one or two eosinophile cells, on one occasion with considerable *éclat*. As an instance of the prognostic value of leucocytosis, Gibson tells of a woman with double aortic disease who was suffering from a very severe pneumonia. The relation of white to red corpuscles was as 1 to 70, and she made an excellent recovery. Probably it would be very well worth while to find out if the bad prognosis of pneumonia in alcoholic subjects manifests itself by an absence of leucocytosis.

It is interesting to note that the enormous leucocytosis of pneumonia was the subject of special observation a long time ago. Piorry argued from the thick and crusta phlogistica or buffy coat of pneumonic blood clot, that the disease was largely an inflammation of the blood—a hæmitis. The results now obtained microscopically are confirmed by many observations of the blood-letting days in other inflammatory diseases. The very name crusta phlogistica embodies the views held by our ancestors as to its association with febrile conditions.

Typhoid fever stands almost alone among febrile diseases in that it is very constantly associated with leucopenia. The lymphocytes, not disappearing so rapidly as the polynuclear cells, are present in relatively larger proportion, the mean of 22 cases observed by Chetagurow being 50 per cent. Notwithstanding statements to the contrary appearing in certain well-known text-books, the majority of observers are now agreed that the

diminution dates from the beginning of the attack, with possibly an occasional and temporary initial increase in some cases, and reaches a minimum in the second or third week, afterwards slowly returning to the normal. Every relapse is accompanied by a similar leucopenia. The difficulty of diagnosing typhoid is almost proverbial, particularly in the first week of the illness. Among other diseases it may be confused with pneumonia, meningitis, acute miliary tuberculosis, pyæmia and septicæmia, malignant endocarditis, peritonitis and typhlitis. But since all these diseases are normally accompanied by more or less marked leucocytosis, offering a decided contrast to typhoid fever, blood-examination should materially assist in the difficulty. Caution is necessary, however; for if any complication, such as suppuration or pneumonia occur, the typhoid diminution may be converted into an increase. Moreover, in all the above conditions the patient may have so little resisting power to the particular bacterial invasion that he never reacts with leucocytosis at all.

Tuberculous inflammations, whether of peritoneum, pleura, or meninges, are generally characterised by producing little or no alteration in the number of leucocytes, so that they may be more readily confused with typhoid, notwithstanding blood-examination. There is also a case on record of a young man with intestine catarrh whose leucocytes sank to 4,800, but who could not have had typhoid, as he completely recovered in three days. With all these drawbacks, however, an unprejudiced survey of all the evidence leads to the conviction that blood-examination is undoubtedly very useful.

The native preparation of typhoid blood very rarely shows any distinct fibrin network when examined after the usual ten minutes. I find Murchison also states that the clot formed in typhoid-blood is characterised by its great softness and lack of fibrin, unless some complication such as pneumonia or perforation had occurred, when good firm fibrinous clots are formed. Similarly, it is stated that if in the course of typhoid fever, blood-examination shows a sudden marked increase in the leucocytes, one can always predict suppuration or other complications. This valuable confirmation of the results obtained microscopically by Murchison's naked-eye observation, shows how very marked the blood change must be. Many explanations of the occurrence of leucopenia in typhoid have been offered, but they are none of them satisfactory. Even chemiotaxis fails, if Gabritschewsky's statement be correct, that typhoid cultures are strongly attractive to leucocytes.

Tubercle.—That tubercular diseases generally produce no leucocytosis has already been mentioned. The observations on this particular disease are few, but as far as they go, they indicate a possibility of distinguishing between a suppurative and a tubercular lesion, as, for example, of pleura, peritoneum, or meninges. If, however, the intoxication is very intense, leucocytosis may occur, as also after Koch's tuberculin injection.

In *Osteo-myelitis* the white corpuscles may undergo enormous increase. Stahl records one case where their proportion to the red became 1 : 2.

Chlorosis may, according to Neusser, be divided into two varieties, varying in their prognosis according to the conditions found in the blood; (1) lymphatic and (2) myelogenic. In the lymphatic type, the lymphocytes reach a high percentage, and bone-marrow elements, *i.e.*, eosinophile cells and large mononuclear cells, are absent or very rare. In the myelogenic type, the lymphocytes are not increased, but eosinophile cells and myelocytes are plentiful, and the cases react well and quickly to treatment, while the lymphatic type proves very obstinate.

Neusser also directs attention to the frequency with which eosinophile cells accompany *spasmodic neuroses*, hysteria, etc. He narrates how his opinion was asked on a puerperal case, which was thought to be a puerperal septicæmia with cerebral symptoms. Finding the eosinophile cells increased, he was able definitely to exclude sepsis, in which disease they are invariably diminished, and correctly diagnosed puerperal mania, although without blood-examination this would have been impossible.

Numerous observations have shown that the leucocytosis which follows a proteid meal under normal circumstances is completely absent in cases of *carcinoma of the stomach* (Schneyer, Hartung), while invariably present in all the cases of gastric ulcer, non-malignant pyloric stenosis, and gastric catarrh investigated. The contrast is so striking that it is proposed to utilise it as a means of diagnosing between cancer of the stomach and all other local gastric conditions. This absence of digestive leucocytosis appears to depend on an atrophic condition of the entire gastro-intestinal mucous membrane, and is met with also in other severe cachexias, though never in simple gastric ulcer and non-malignant stenosis. As due to atrophy of the alimentary mucous membrane, it would appear to have the same significance as the absence of free hydrochloric acid in the gastric juice in cancer of the stomach. Time alone will prove if it be more reliable than this latter test, which was once so much talked about.

To come to the leuchæmias and anæmias which must be somewhat summarily disposed of; *leuchæmia* has been classified as lymphatic, splenic or myelogenic, according as the lympharia, spleen or bone-marrow is principally affected. The difficulty of separating the last two has led to their being grouped together as mixed leuchæmia, the so-called splenic leuchæmia being often more myelogenic than splenic, judging from the prevalence of bone-marrow elements in the blood. This classification, insisted on by Virchow as a result of post-mortem work, is strongly supported by the results of blood-examination. In some cases the lymphocytes are increased out of all proportion, and bone-marrow elements, eosinophile cells, myelocytes, and nucleated red blood corpucles are very scarce—these are the

lymphatic leuchæmias. In others, all the different kinds of leucocytes are represented, and eosinophile cells, myelocytes and nucleated red blood corpuscles are numerous, together with the eosinophile mononuclear leucocytes already mentioned as absolutely pathognomonic of leuchæmia. The mixed type has a very much better prognosis than the lymphatic, and hence it is a matter of importance to make the distinction and to recognise it during life, since in lymphatic leuchæmia the patient is apt to develop tuberculosis. Of perhaps still greater importance is it to recognise an intense leucocytosis from a true leuchæmia.

Various medical writers attempt to fix a numerical boundary-line below which a leucocytosis must be leuchæmic, and above which it may or may not be. These boundary lines appear to have no value when put to the test—witness the enormous increase observed by Stahl in a case of osteomyelitis, when the ratio of white to red became 1 : 2. Be the total number of leucocytes what it may, the really important determining element is the relative proportion of the lymphocytes to the other leucocytes. If it be an inflammatory leucocytosis, the polynuclear cells are relatively increased, or, at least, not diminished; if it be a lymphatic leuchæmia the lymphocytes are relatively increased, while a myelogenic leuchæmia will be readily recognised by its numerous eosinophile and marrow-cells.

Anæmia is either primary, *i.e.*, idiopathic, or secondary. Chlorosis, as one of the primary anæmias, has already been briefly mentioned, but pernicious anæmia remains for consideration. Before diagnosing primary pernicious anæmia, great care should be taken to exclude all causes which may have led to a severe secondary anæmia; Fagge and Pye-Smith point out many cases wrongly diagnosed from neglecting this precaution. It is, however, by no means easy to exclude all possible causes, and the blood itself must in many cases settle the difficulty. A well known and usually characteristic feature of primary pernicious anæmia is the increase of the hæmoglobin index above 1, as compared with secondary or symptomatic anæmia when it is usually below 1, *i.e.*, in a condition resembling chlorosis. Another feature, however, which does not appear to be so well known, is that a secondary anæmia is very generally accompanied by leucocytosis, whereas in primary pernicious anæmia the number of leucocytes is very little altered. As regards the prognosis of anæmia, of whatever kind, the presence of bone-marrow elements is a good omen. If no marrow elements are present, *i.e.*, no nucleated red corpuscles, eosinophile cells, or myelocytes, the prognosis is bad, and no surgical measures should be taken. Thus, in a case of severe chronic anæmia due to hæmorrhage from the uterus, surgical interference was vetoed because of the absence of all bone-marrow elements, and the sequel proved the wisdom of this course.

Before concluding, I must mention certain observations of Neusser's on an entirely new kind of granule found in many cases in the immediate neighbourhood of the nucleus of the leucocytes. These granules are basophilic, and from their position may be described as the perinuclear basophile granules. According to Neusser they are especially plentiful in gout, and in all cases of uric acid diathesis—whatever he may understand under that heading. In his case it appears to mean merely an increased uric acid co-efficient, the relation of uric acid to the other nitrogenous excreta being increased, together with joint trouble or calculus. Adopting the views of Horbaczewski, who has shown that nuclein yields uric acid more or less readily on decomposition, Neusser believes these perinuclear granules to be forerunners of uric acid, a substance intermediate to nuclein and uric acid, and thinks it possible by their presence in quantity to recognise the mysterious so-called larval form of gout. The question cannot be further discussed here, but it is too important, if true, to be omitted entirely, however short the time at our disposal. The granules are certainly there, and whether Neusser's interpretation be the correct one or not, the fact remains, and is worthy of notice.

I had wished to say something of the results obtained by means of Professor Wright's coagulometer—an instrument for determining the rapidity of coagulation of blood. The method is extremely simple, and has afforded instructive results as to the effect of drugs on coagulability, while it should prove useful in controlling the treatment of hæmaphilia, purpura and aneurysm. My lamentations that time is so short have been reserved to the end. I am conscious of the slight and apparently superficial manner in which many very important subjects have been approached, and that many of the statements made must arouse scepticism. I regret exceedingly that time does not allow these statements to be supported by quoting actual cases and figures. I can only plead that I have taken pains to verify them. However inadequate, I trust my paper may increase your interest in the subject and convince you that blood-examination is more useful clinically than is generally believed.

Prizes.

MICHAEL HARRIS PRIZE IN ANATOMY.

The above prize has been awarded to Mr. C. T. Hilton.

ARTHUR DURHAM PRIZES FOR DISSECTION.

Second and later Years.

The above prize has been divided as follows:—

Messrs. C. T. Hilton	... ...	£5
A. R. McLachlan	...	£5
R. H. J. Swan	... ...	£5

First Year's Students.

This prize of £5 has been awarded to Mr. J. A. Butler, and Certificates of Merit to Messrs. F. Curtis and M. D. Wood.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Philip	1.	Mitral stenosis.
	5.	Pernicious anæmia.
	6.	Mitral regurgitation.
	11.	Mitral regurgitation. Atheroma of aorta. ? Granular kidney.
	13.	Tricuspid regurgitation. Enlarged liver.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
Stephen	5.	Aortic regurgitation.
	20.	Thoracic aneurysm.
	29.	Mitral regurgitation.
	30.	Mitral stenosis and regurgitation.
	36.	Mitral and tricuspid regurgitation.
	37.	Aortic and mitral stenosis and regurgitation.
Mary	4.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	6.	Thoracic aneurysm. Aortic regurgitation.
	8.	Aortic and mitral regurgitation.
	13.	Chlorosis.
	16.	Mitral stenosis and regurgitation. Adherent pericardium.
	21.	Mitral and tricuspid regurgitation.
	27.	Aortic and mitral regurgitation.
	28.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	37.	*Hypertrophied and dilated heart.* Mitral regurgitation.
	39.	Mitral stenosis and tricuspid regurgitation.
	44.	Mitral and aortic regurgitation. Pericarditis.
Miriam	21.	Mitral regurgitation. Phthisis. Enlarged liver.
John	2.	Pernicious anæmia.

Nervous System.

Philip	3.	Sciatica.
	4.	Paraplegia. ? Myelitis.
	9, 16.	Chorea.
	21.	Locomotor ataxy. Charcot's knee-joint.
	30.	Left hemiplegia. Cerebral thrombosis.
Stephen	2.	Right hemiplegia and aphasia.
	14.	Right hemianæsthesia.
	16.	Locomotor ataxy. Gastric crises.
	17.	Chorea. Mitral regurgitation.
	26.	Optic neuritis.
	30.	Chorea.
	35.	Locomotor ataxy. Perforating ulcer.
Mary	1.	Peripheral neuritis. Alcoholism.
John	14.	Syphilitic meningitis. Paralysis of 6th and 8th nerves.
	15.	Meningitis. Optic neuritis.

Alimentary System and Abdomen.

Philip	2.	Enlarged liver. Carcinoma.
	31.	Cirrhosis of liver.
Stephen	1.	Appendicitis.
	3.	Enlarged liver and spleen. Jaundice.
	6.	? Cirrhosis of liver. Enlarged spleen. Hæmatemesis. Anæmia. Optic neuritis. Retinal hæmorrhages. (Boy, æt. 19).
Mary	5.	Appendicitis.
	9.	Abdominal pain. Constipation.
	10.	*Mucous colitis.*
	12.	? Extrauterine fœtation.
	18, 35.	Gastric ulcer.
	20.	? Tuberculous peritonitis.
	26, 32.	Carcinoma of stomach.
	29.	Jaundice.
	33.	Carcinoma of liver.
	41.	Subdiaphragmatic abscess.
	45.	Ascites. Cirrhosis of liver.
Miriam	25.	Enlarged liver. Jaundice.
	26.	Ascites. ? Ruptured ovarian.
John	8.	Abdominal tumour. Suppurating hydatid.
	12.	Enlarged liver. Ascites. Bronchitis.

Respiratory System.

Philip	30.	Left pleuritic effusion.
Stephen	11.	Right pleuritic effusion. (Paracentesis, sixteenth time).
	12.	Bronchitis, capillary and purulent. Cyanosis.
	19.	Fibroid lung and bronchiectasis.
Mary	19.	Pleuritic effusion. Pyrexia. Enlarged spleen.
	40.	Consolidation right base. Probably catarrhal.
	49.	Lobar pneumonia.
John	1.	Bronchitis and emphysema. Ascites.

Phthisis.

Philip	14, 17, 19, 23, 28, 29.	
Stephen	13, 23, 28.	
Mary	15.	

Genito-Urinary System.

Philip	7.	Chronic tubal nephritis. Albuminuric retinitis.
	24.	Chronic nephritis. Hypertrophied heart.
	34, 39.	Chronic tubal nephritis.
Stephen	4.	Diabetes mellitus.
	13, 15.	Acute nephritis. Phthisis.
	32, 34.	Renal colic. Calculus.
	33.	Hæmaturia. Acute nephritis.
Mary	2.	Diabetes mellitus.

Miscellaneous.

Philip	15.	Gonorrhœal rheumatism.
	22.	Osteo-arthritis.
	27.	Syphilitic periostitis and orchitis.
	32.	Mycosis fungoides.
Stephen	10, 40.	Gout.
	18.	Purpura.
Mary	6.	Œdema of legs. Thrombosis of veins.
	11.	Lupus vulgaris.
	22.	Osteo-arthritis.
	30.	Malaria.
Miriam	18.	? Raynaud's disease.

Acute Rheumatism.

Philip	37.	
Stephen	22.	
Mary	34, 36.	

In the Surgical Wards.

Cases under Mr. Howse.

Charity.	8.	Tuberculous tarsus.
	10.	Chronic ostitis of lower end of tibia.
	16.	? Movable kidney.
	Cot.	Congenital talipes equino-varus.

Cases under Mr. Davies-Colley.

Cornelius	2.	Dislocation forwards of astragalus; reposition without difficulty.
	4, 19.	T-shaped fracture of lower end of femur into joint.
	14.	Hæmatocele.
	15.	Compound fracture of astragalus; removal of fragment.
Lydia	19.	Strumous dactylitis. Tuberculous ostitis of tibia.
	Cot.	Cleft palate.
Luke	3.	Central abscess in lower jaw.
	7.	? Displaced semilunar cartilage.
	10.	Carcinoma recti.
	11.	Vesical calculi.
	14.	Varicocele.

Cases under Mr. Lucas.

Accident	2.	Fractured humerus. Surgical neck.
	9.	Compound comminuted fracture of humerus. Fractured radius and ulna.
	16.	Fractured femur.
	25.	Impacted extra-capsular fracture of neck and femur.
Lydia	14.	Hæmatometra.
	16.	Hammer toe.
Job	4.	Congenital inguinal hernia.
	5.	Perforating ulcer of toe.
	9.	Carcinoma recti. Enlarged prostate.

Cases under Mr. Golding-Bird.

Cornelius	12.	Fractured femur.
	18.	Compound dislocation forwards and outwards of astragalus; reduction.
Martha	17.	Tuberculous knee-joint.

Cases under Mr. Symonds.

Luke	16.	Epithelioma penis.
Martha	9.	Vascular tumour on septum nasi.

Cases under Mr. Lane.

Job	13.	Carcinoma recti.
	15.	Chronic synovitis of knee-joint.

Guy's Hospital Students' Club.

The General Meeting of the Students' Club was held on Monday, March 23rd, at four p.m. in the Anatomical Theatre, Dr. Pye-Smith (President) in the chair. There were about thirty-seven members present. The addition to bye-laws, previously approved of by the committee, was sanctioned unanimously. The following members were elected by ballot as non-resident student representatives on the committee of the club for the ensuing year: Messrs. Collins, Cleveland and Clowes.

Dr. Pye-Smith then made a few remarks as to the progress of the club during the past year, pointing out what had been done for the convenience of members. He said that the well-being and comfort of the club were in the hands of the members, and that although he did not mind seeing so few at the meeting, as it showed that there were no very serious complaints, yet he hoped that in future those at the meeting would both come again themselves and bring their friends with them. In the course of his remarks, the President mentioned that there had been several complaints as to the removal of newspapers from the club-rooms. This was very inconvenient, as depriving members of advantages belonging to them, and he hoped that all members would do their best to check this unfair practice. The President then concluded by wishing the club every success during the ensuing year.

A vote of thanks was proposed, seconded and carried unanimously to the retiring members of the committee, Messrs. Spon, Hamblin-Smith, Bell and Thornely, for their services, and for the very thorough way in which they had worked to promote the interests of the club. This concluded the business of the meeting, and a vote of thanks to Dr. Pye-Smith was carried with acclamation. The meeting then adjourned.

Appointments.

Bond, C. S., B.A., M.B. Camb., L.R.C.P. Lond., M.R.C.S., has been appointed Second Medical Officer by the Chelsea Board of Guardians.

Davison, T. S., L.D.S. R.C.S. Eng., has been appointed Honorary Dental Surgeon to the Darlington Hospital and Dispensary.

Salter, C. E., M.D. Lond., F.R.C.S. Eng., has been appointed Honorary Surgeon to the Scarborough Hospital.

The Re-Endowment Fund.

We much fear that some old Guy's men are labouring under the misapprehension that the sum of £25 mentioned in Dr. Wilks' letter is all that we expect or require of them, and that when this sum has been reached the necessity for further work is at an end. It is sincerely to be hoped that this impression is not widespread, or the effect on the total of the contribution by old Guy's men will be disastrous. An *average* of £25 from every one will give an excellent result; but it is obvious that in many cases that sum may not be reached, and we trust that no well-placed practitioner will put any limit to the amount of his collection until every available source of supply has been tapped.

One other point. Re-endowment meets with general favour, but there are some who prefer the voluntary principle, and would rather promise an annual subscription than become donors to the Re-endowment Fund. By no means let those annual subscriptions be declined or ignored. Barring some great windfall, the re-endowment probably will not be complete for some years, and in the meantime annual subscriptions must be obtained to the extent of the deficiency in income for the time being.

Through the good offices of Dr. Price, who is working hard to interest the people of Bromley in the Hospital, a Fancy Fair, under the patronage of H.R.H. The Princess of Wales, will be held in May next in the grounds of Shortlands House, kindly lent by Mr. L. P. Ford. The proceeds will be devoted to the Fund, and further particulars will be announced shortly. Donations or communications should be addressed to Mrs. Ford, Shortlands House, Shortlands, or to Mrs. A. E. Kirby, Redmont, Shortlands. We trust that such of our readers and their friends as may be resident anywhere near, will rally to the support of these ladies, who with others are working with splendid enthusiasm, and are determined to achieve a noteworthy success.

The Honourable Artillery Company, its Colonel the Earl of Denbigh, its Football Club, the Hospital team, the Performers, and all concerned, have our sincere thanks for what they did for the Hospital on Wednesday night last at the great Smoking Concert held at the headquarters of the Corps. The quality of the entertainment, the ungrudging and cheerful response to Lord Denbigh's excellent appeal, and the general friendliness displayed towards Guy's, will not be readily forgotten by the many Guy's men present.

The next entertainment, to which the energies of all present students should be devoted, is that to be given by the Bancroft Dramatic Club at St. George's Hall, on May 4th. As previously stated, the proceeds will go to the credit of the Students' Collection; and we trust that no man will go down for the Vacation without giving to Mr. Stanley Cock a firm pledge of support, *i.e.*, disposing of some tickets.

From the Gazette's Special Pathologist.

NOTICES.

W. L. W. M., Huddersfield.—A section of the mammary tumour shows an extreme degree of fibroid induration of the breast-tissue with wasting of the glandular substance, and moderate dilatation of some of the ducts. There is no evidence of malignant disease in it.

E. R. M., Hastings.—No tubercle bacilli could be detected in this specimen of sputum.

J. O. S., Derby.—The tumour is a cylindrical-celled epithelioma infiltrating muscle-substance. It has decomposed to a large extent, so that the cells have stained very badly.

H. J. R., Penygroes.—The peripheral part of the tumour is composed of dense fibrous tissue arranged in wavy layers. But in the centre the structure of the tumour very closely resembles a spindle-celled sarcoma; the spindle-celled tissue is arranged in intersecting bundles, and the nuclei are very abundant. The growth may be compared with the recurrent fibro-sarcoma which springs from the deep fasciæ of the back, and like that shows the characters of malignancy only in a very low degree.

W. E. R., Chancery Lane.—No tubercle bacilli could be found in the sputum.

R. B. M., Swaffham.—Tubercle bacilli are present in the sputum in fair numbers.

C. D. M., Bournemouth.—After twenty-four hours' incubation on blood-serum the resulting growth consisted of streptococci only. No Klebs-Löffler bacilli could be detected.

H. G. A., Nottingham.—Tubercle bacilli are present in the sputum in fair numbers.

E. G. M., Watford.—Reaction, acid; sp. gr. 1006. Sugar and blood absent. Albumen, considerable amount. Microscopical examination of the deposit, obtained from the centrifuge, showed it to consist almost entirely of pus cells. No tube casts or renal epithelium could be detected.

C. T. B. M., Manchester.—Reaction, faintly acid; sp. gr. 1014. Sugar, absent. Albumen, considerable amount. Blood, no dissolved hæmoglobin. Microscopic examination of the deposit, obtained from the centrifuge, shows it to consist largely of pus cells. A few granular casts were noted; also some red blood discs.

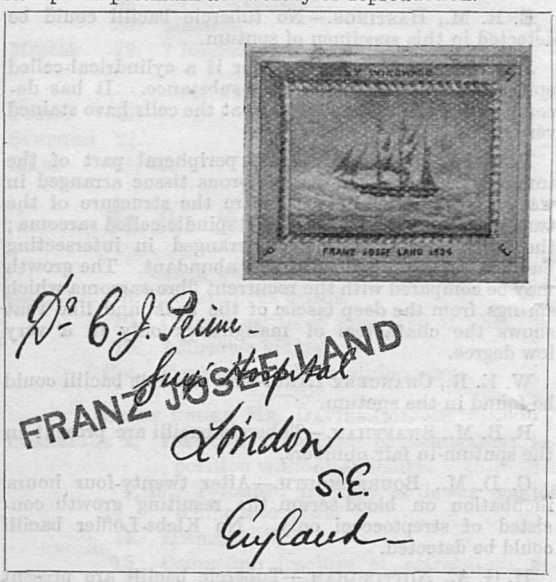
A. R. T., St. Leonards.—"After hunting." We are as yet unable to give a satisfactory report on this very puzzling specimen. The opacity is certainly due to proteids, an albumen and a globulin being present. The latter is apparently in incomplete solution, and produces the turbidity. The specimen has, to some extent, the appearance of chyluria, but fat is entirely absent, and under the microscope there is no appearance of the so-called "molecular basis," while the urine shows no tendency to coagulation. No tube casts present, and no crystals of any kind. Reaction, acid; sp. gr. 1012. Blood and sugar absent.

A. R. T., St. Leonards.—"After rest." In contrast with the other specimen, albumen and other proteids are completely absent from this. Reaction, acid; sp. gr. 1022. Blood and sugar absent.

PATHOLOGIST.

The Pole, the Equator, and Guy's.

Through the courtesy of Mr. C. J. Prime, we have been enabled to publish the following letter from an old Guy's man who sailed in the "Windward" as surgeon to the Jackson-Harmsworth polar expedition in October, 1894. The letter was recently brought home by the "Windward," whose services were no longer required. The stamp and postmark are worthy of reproduction.



My dear Charles,—As there is a d——d blizzard blowing outside, which prevents our working in getting the sledges rigged for our journey north, I take the opportunity of writing a line to you, knowing you will be glad to hear from me. As the ship did not return last year after all, as we had hoped she would, no doubt all kinds of wild rumours are afloat as to our fate; but briefly, everything has turned out most fortunate, and nothing untoward has happened to us; therefore, you need believe no lie to the contrary effect that you may have heard. To begin at the beginning, our passage from London to Archangel was good, except that it was slow, on account of our being detained by contrary winds. At Archangel we had a very good time, being fêted by the Governor and the best people of the place. We were there about five days. From Archangel to Harbarova on the Yugor Straits we had again a lucky passage. On this part of our course we came upon our first ice, being drift ice: that is, broken up into large and small pieces. At Harbarova, a small fishing village of the Samoyads, where we picked up our dogs—thirty in number—also reindeer meat and some other necessaries, we stayed four or five days. In the Strait we ran aground on a mudbank, but we soon got off again. From there to off Franz-Josef Land we also had a favourable passage. We arrived well in sight of land on the 25th August, and then found that the ice skirting the coast was so impenetrable that we could not get through it. You may imagine our disappointment when we were nearly a fortnight going hither and thither among the ice, and could not find an opening. At last, on September 7th, we managed to get through, and here we are.

We had to work hard to land everything. I, as well as the others, acted as porter, dock labourer, coal heaver, and so on. Our house is a substantial and snug Russian loghouse, and we have made ourselves quite comfortable in it during the winter. Our lowest temperature has been minus 52°, and we have had some of the fiercest of gales. Winter had begun when we got here, and we soon saw that the ship would not be able to return last year; she, therefore, wintered in the bay off here, where some stranded icebergs conveniently protect her from ice-pressure.

We had no sun from 19th October till 22nd February last, and at Christmas-time midnight and noon in the day here were similarly dark, the only difference being that on a clear day a little light could be seen on the southern horizon for a short time.

We have all kept well, except that I have one case of scurvy on board the ship, due, without doubt, to the fact that the man has not eaten any of the bears' and walrus' meat which I have urged them all to eat. He is the only one who would not; so, notwithstanding lime-juice being served out daily to the crew (which I superintended), he has become affected with the disease.

Now we shall be soon getting perpetual daylight: the sun is sinking in the north-west, and the night is never quite dark now. I know what frost-bites are; those of a minor kind we think nothing of. We start for the north with our sledges very soon, and hope at least to beat the record before the ship leaves here for home. I am sure you wish us success. We have four ponies to help pull the necessaries for us, as well as over twenty dogs, so if the ice in the channels which is our high road does not break up too soon, we may be able to do it. Good-bye. Remember me to all.—Yours for aye,

REGINALD KŒTTLITZ.

Elmwood, Cape Flora, Franz-Josef Land,
April 2nd, 1895.

Mr. Golding-Bird kindly sends the following note:—

The friends of Dr. Wordsworth Poole will be glad to hear of his great success and extreme kindness to all under his charge during the recent operations against the Arab slave traders in British Central Africa. I can speak from personal experience of the hardships he underwent and extreme difficulties he successfully overcame in the many and severe operations he performed in the field. It was my good fortune to be one of his patients after the action against Mlozi, and to his skill and kindness I feel for ever indebted for the saving of my arm. His great love for his profession was manifested alike to all, as he laboured indefatigably both for friend and foe, and I feel assured Her Majesty's Commissioner, Sir H. H. Johnston, K.C.B., and Major Edwards, commanding the Armed Forces in British Central Africa, would bear their high testimony to his great skill and devoted attention.—G. de H. SMITH, Lieut., 45th Sikhs.

Passim.

The British Medical Journal of March 14th disturbed the feelings of many old Guy's men and other members of the medical profession by an announcement that Dr. Wilks was not inclined to accept the presidency of the Royal College of Physicians, which falls vacant on the 30th of this month. The circumstances of the vacancy are that Sir Russell Reynolds, who succeeded Sir Andrew Clark in the office after his death in 1893, has found himself obliged to decline re-election, although it has been usual for the same president to be re-elected for a period of about five years. Now, at the last election Dr. Wilks, who actually headed the first ballot, was eventually only beaten by three votes in a hundred and forty-seven. There could, then, be no choice as to Sir Russell Reynolds' successor. As for Guy's Hospital itself, nothing could be more acceptable. In a year when the most urgent appeal is being made on behalf of its funds, as necessary for its continued usefulness both as a charity, a school, and a home of research, when every class of society, every trade and every profession is being pressed into the service, and when the highest approval and assistance is being given by the chairmanship of H.R.H. The Prince of Wales at the forthcoming Festival Dinner, nothing could be more fitting than that the senior member of the Hospital Staff should be at the same time the representative and official head of the whole medical profession in England.

At the same time, the arguments are no less strong from the personal point of view. From beginning to end of his career hitherto, Dr. Wilks has upheld with all his might the splendid traditions of the profession to which it is our privilege to belong. Quackery in all its forms has been the tent-peg at which he has successfully and perseveringly ridden; and, with characteristic consistency, he has never flinched from exposing the fallacies rife in the profession as well as those occurring outside it. We remember, for instance, amongst an audience of provincial medical men two years ago, hearing him give a lecture which dealt with the general aspects of modern therapeutics, in which, with characteristic humour and perhaps a faint tinge of cynicism, he pointed out instance upon instance in which medical treatment of to-day was inconsistent, empirical and valueless. In contrast, it has been Dr. Wilks' glory to cultivate a spirit of pure scientific enquiry into all departments of medicine—to correlate and to distinguish, to systematise and to analyse. It is to this that the profession is indebted for the text-book which bears his name, coupled with that of the late Dr. Moxon, a book which bears witness to the unceasing labours and exceptional abilities whereby the science of pathology has been so greatly advanced of recent years by the physicians of Guy's Hospital. In saying this, we speak the feelings most assuredly not only of old Guy's men, but of the whole English-speaking medical world. In letters received by us from old students of this Hospital on the subject, in conversation with qualified and unqualified men alike, in a leading article in *The Hospital* for this week, and in the medical press in general, the same wish is echoed that the greatest honour that medical men could give should be given to our senior consulting physician. Dr. Wilks' unfailing devotion to the true interests of medicine, and habitual disregard for the less reputable methods by which practices are made, have perhaps denied him some of the more visible signs of success which are considered by many to indicate merit and ability. It is with all the greater satisfaction, therefore, that we congratulate him beforehand on the most honourable and well-deserved reward that could well have been bestowed upon him—the presidency of the Royal College of Physicians.

The most important event of the last fortnight within the walls of the Hospital itself has been the publishing, on Saturday last, of the new appointment list, which is reproduced in full elsewhere. At the same time, a short account is given of the technical career of the seven gentlemen on whom the principal interest has been concentrated—the newly-appointed Assistant House-Physicians and Surgeons and the Obstetric Residents. We wish them all good luck in their arduous and responsible duties, and trust that they and their successors after them will ever worthily maintain the great traditions they inherit. Our best thanks are due to the incarnate Spirit of the Medical Office, which, at great expenditure of time and labour, has prepared and revised the said lists and biographies under the dusky shades of night.

On Saturday last, March 21st, the Physical Society held its last and most exciting meeting of the session, with Dr. Pye-Smith in the chair. In the first place, the opportunity was taken to present Dr. Campbell, the former energetic

secretary of the Society, with a handsome carriage-clock on his leaving the Hospital for his new work in Bradford. The presentation was made by Mr. Hope, on behalf of Dr. Campbell's former pupils. The winners of the Society's prizes were then announced, the £10 prize for the best paper being awarded to Mr. W. Ramsden for his excellent paper on "The diagnostic value of blood-examination." We publish this paper elsewhere in this issue, and trust that it will be attentively read and studied, as being of the utmost value in medical work; and that careful examination of blood may be much more frequently practised in future than hitherto. The prize for exhibits was not awarded this year, but a prize of £5 was given instead to Mr. G. E. Richmond, for his paper on "The determination of sex"; while the £4 prize for speaking at the meetings of the Society was given to Mr. R. Howard. The chairman then broke the seal of the envelope containing the name of the successful candidate for the Treasurer's essay prize, the subject being the "Structure and function of nerve-cells." The winner was Mr. Salter, whom we congratulate most heartily on this latest addition to his long list of triumphs, of which we give a list in another column. His essay occupied seventy-two pages of type-writing, and there was time only to read a minor part of the whole paper, sufficient, however, to show the very wide field of scientific literature which had been requisitioned for the purpose of the essay, and to exhibit the masterly way in which Mr. Salter had arranged and expressed his facts and deductions.

Meanwhile clubs and unions have been holding their annual meetings. The Christian Union met on the 19th, and discussed with some warmth the question of affiliation to the Clubs' Union. Most men will agree that it is for the material advantage of both that this connection should exist. The former thereby gain an annual grant of money and a position in the Blue-book; while the secretaries in the offices, and those of us who tout for recruits to our medical school, have a page in that book which may be conveniently pointed to for the benefit of hesitating parents as a proof of the cosmopolitan nature of the Clubs' Union. On the other hand, fear is felt of lukewarm supporters, while many maintain that such a connection is wholly artificial and unjustifiable. But without a doubt, if Christianity means anything, it must be held to affect and pervade every department of life; and no position could be more fitting than that which allies it to the various technical, social and athletic pursuits which constitute our daily and hourly occupation.

Next to this came the meeting of the Swimming Club, with Mr. A. D. Fripp, President, in the chair. Mr. Fripp was re-elected President for the coming year, and Messrs. G. Marshall and A. St. J. Styer, Secretary and Captain respectively.

An account has now reached us of the annual meeting of the Bicycle Club, which was held on the 5th instant, with Mr. Golding-Bird in the chair. We hope the new committee will do its best to further the interests of the club, and to win outright the challenge shield in the coming season.

Then came, on Monday the 23rd, the annual meeting of the Students' Club, with Dr. Pye-Smith in the chair, of which a report is given in another column. We regret that there was not a larger attendance, as three dozen men are hardly a good representation of a membership of five hundred odd. Possibly the eyes of Guy's men have become so strongly affected by the number and nature of other placards which may be seen about the Hospital and College (*pace* Mr. S. W. C.) that an ordinary notice in pen and ink in the smoking-room is insufficient to attract attention. None, however, who went were disappointed, for Dr. Pye-Smith is unsurpassed as a chairman, and Dr. Fawcett as an honorary secretary. The vote of thanks passed at the end was one which all members of the Union will cordially endorse.

And last of all came the Athletic Club meeting on Thursday last, with Mr. Clement Lucas in the chair. Space forbids a lengthy account of the chairman's speeches, and Mr. Batchelor's minutes and report. The chief points to note are that there is a balance of £3, that the Clubs' Union grant for the year is £45, and that the expenses of meeting at Stamford Bridge are so great that the committee have definitely decided to hold the meeting this year at Honor Oak. It was resolved to have two secretaries, namely, Messrs. Collier and Watson, and the following were elected on committee:—Messrs. Sime and Grey (first year), Fremantle and Beale-Browne (second), Baker and Higgens (third), Balderston and Longhurst (fourth), Desprez, Bignold and F. E. Walker (fifth and other years). It may

be material for thought if we give one remark made by Mr. Lucas in his excellent speech, that the Honor Oak ground will never be complete until we have a cinder-track running round it.

Turning to the executive department of sport, we have to record a successful fencing and gymnastic display in the Pavy gymnasium, on Friday, March 13th, and an unsuccessful attempt to win the Inter-Hospitals' Boxing Cup on Monday, 16th. We give a full report of these in another column, and would again express our thanks to Dr. Pavy for his continual interest in this branch of Guy's sport. At the same time, we cordially endorse the remarks of our sporting correspondent, as to slackness in turning up at inter-hospital competitions, at which our representatives are never adequately supported.

As to football, the final cup-tie has been decided under both Rugby and Association rules. In the former, St. Thomas's beat St. George's on the Richmond Athletic Ground on Tuesday, the 17th, by three tries to a goal (9 points to 5). The St. George's team played very pluckily, and showed unexpected good form, their captain, H. N. Coltart, who secured their try, playing a splendid game; but A. H. Grey and A. Rotherham, the old Cambridge blues, were too strong for them, and St. Thomas's won for the eighth time in nine years. During the twenty-two years that have elapsed since the cup was first competed for, Guy's have been successful four times.

On the same day the Association Cup was won by St. Bartholomew's, who beat St. Mary's by three goals to one on the Lyttelton Ground at Leyton. The holders have had the cup, like ourselves, on five previous occasions out of the twelve on which it has been competed for.

Our correspondent from the Sustentation Fund, gives us a very satisfactory account this fortnight of its progress. The Match and Smoking Concert at the Armoury of the Honourable Artillery Company on the evening of Wednesday last was a great success, and this success was in large measure due to our noble and gallant artilleryman, Mr. C. E. Michael, whose power of inducing men to take tickets when they do not want to do so—we speak from experience—is wonderful. No stone was left unturned to ensure success, and the result was most satisfactory. A good match ended in the victory of the H.A.C. by 1 try (3 points) to nil. The teams dined together, and at 7.30 a most excellent programme was begun, with Lieut.-Colonel the Earl of Denbigh and Desmond in the chair. The chairman made an excellent speech, and a magnificent collection of £44 was made in the room.

Our most cordial thanks are due to the numerous "stars" that twinkled and shone before us that evening, and above all to the H.A.C. for allowing us for a second year in succession to absorb their attention and their charity in this their annual charity concert.

The Sanitary Institute have arranged a most excellent series of lectures and practical demonstrations in Public Health, by eminent men, which began three weeks ago, and will continue to the end of April. Demonstrations are given on Wednesday and Saturday afternoons, lectures on Monday and Thursday evenings, at 8 o'clock, in the Parke's Museum, Margaret Street, Regent Street, W., where further information may be obtained. The fee for the course is two guineas.

It is to be hoped that some of our best Guy's men will enter for the Charles Murchison scholarship in Clinical Medicine, of which there is a notice in the Colonnade. We pride ourselves on the great position in the history of medicine occupied by our School, and there is every reason to believe that there are embryonic Brights and Addisons and Hodgkins in the Hospital at the present time. Names are to be entered by March 30th, and the examination begins on the 13th of April.

News comes to us of Guy's men from very different parts of the world. By very good fortune we are enabled to give to our readers a copy of a private letter written by Mr. R. Koettlitz from the Jackson-Harmsworth Polar Expedition, and another from a former comrade of Dr. Wordsworth Poole's in Central Africa. We can be sure that both at the Pole and the Equator these men will thoroughly support the honour of the Hospital, and we trust that they may both be returned to us at no very distant period, both safe and sound.

In the medical journals we notice two important papers read by old Guy's men. The first is in the *British Medical Journal* of March 21st, and from the hand of Dr. Robert M.

Simon, M.D. Cantab., F.R.C.P., physician to the General Hospital at Birmingham. The paper was read before the local branch of the British Medical Association, and gives a good account of the best treatment in typhoid fever. Dr. Simon relies largely on the use of oil of turpentine. The other paper, in the *Clinical Journal* for this week, is a post-graduate lecture, delivered at Bethlem Hospital by Dr. Maurice Craig, M.A., M.B., B.C., etc., on the subject of alcoholic insanity. The disorder is divided into five classes, and each class is clearly defined and carefully discussed, with abundance of most interesting and amusing anecdotes for illustration.

WE have received the eleventh annual report of the Guy's Hospital Institution for Trained Nurses, and are glad to find it in every way satisfactory. The number of applications for nurses was 1,150, as compared with 1,012 in the previous year, although only 900 cases were actually supplied by nurses. The nursing staff remains at about seven dozen, who manage to subsist on twelve beds in St. Thomas's Street and two in the Hostel. Enlargement is thought of, and if carried out, would enable the staff to be increased, as well as admitting of more room for the present staff in times of lessened demand. Nearly £6,000 was earned by the nurses last year, but more was expended on salaries, according to the rising scale of wages, the increased amount paid the Royal National Pension Fund for Nurses, and the £5 bonus which is this year distributed to fifteen of the senior nurses. The two maternity nurses who are maintained at the expense of the Institution have paid nearly 4,000 visits, and the Maternity Samaritan Fund has maintained its previous level for providing clothes, fuel and other necessaries in destitute cases. We trust that our old Guy's readers who are in practice will advocate more and more with their patients the employment of trained nurses from the Institution, who are kept *au fait* with all our most recent methods of work, and are most excellently looked after and managed. For terms we must refer inquirers to our advertisement columns.

THE Rugby Nines have been productive of some good, though exhausting games, and were eventually won by J. Gardner's team against that of P. D. Hunter. It is to be hoped that some new talent will have been brought to light.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Late Dr. Giblin.

DEAR SIR,—As a matter of historical accuracy, might I supplement the statement made in your last number? The original editors of the GUY'S HOSPITAL GAZETTE were three in number—T. Cattell Jones, Dr. Giblin, and myself. The credit of initiating the paper belongs, as your correspondent states, to the first-named; but we all three assisted in editing and bringing out the first number.—Yours faithfully,

HENRY CLARKE, Medical Officer,
March 17, 1896. H.M. Prison, Wakefield.

DEAR SIR,—I feel sure that everyone who is interested in the GUY'S HOSPITAL GAZETTE must be glad to have seen the letter from Dr. Howard Hawkins in your last issue. It is most important to be correct in matters of history. Those Guy's men who remember the first appearance of our GAZETTE will certainly bear out the statement that Mr. T. Cattell Jones "solely initiated and edited the original GUY'S HOSPITAL GAZETTE." I met Thomas Jones first in 1859 at Cherra Poonjee, India, and again in 1871 at Guy's. I have always taken the deepest interest in the GAZETTE, and when for a time it ceased to exist and bade fair to become a thing of the past, it was my privilege to propose at a meeting of the Physical Society that the GAZETTE should be resuscitated. I rejoice to see it prosper, and to bear testimony to its great usefulness.—Yours faithfully,

ST. CLAIR B. SHADWELL.

A Suggestion.

DEAR SIR,—Might I be allowed to make a suggestion to you which, if thought feasible, would, I fancy, still further enhance the value of the GAZETTE, especially to old Guy's men? Seeing that so many medical officers in the naval and military services are Guy's men, it would be of considerable interest to them, as well as to others, if you could find a small space wherein to record their appointments and changes of station, as well as promotions and retirements. This would not, I think, Mr. Editor, be an arduous undertaking, and, I am sure, would help as a further link between the Past and the Present.—*I remain your obedient servant,*

PERCIVAL M. MAY.

H.M.S. "Esk," China,
24th January, 1896.

[We will try. The difficulties are obvious.—Ed.]

A Correction.

DEAR SIR,—You kindly gave a notice in the last number of the GAZETTE of my election to a hospital appointment. There was one slight error. I was described

as out-patient physician to the Bristol Hospital for *Women* and Children. It should have been the Bristol Hospital for *Children* and Women.

There are 100 beds for children and only four for women.—Yours faithfully,

Clifton, Bristol, March 19th, 1896. THEODORE FISHER.

New Remedies.

Dear Sir,—Might I suggest that a few notes in the Gazette, from time to time, of the latest therapeutic remedies found useful at Guy's, and generally of the newest treatment there, would be very useful to those of us who are unable to run up to town and see for ourselves. It would too, I think, be interesting to have some account of the various modes of treating different fractures by the several members of the Staff. Does the Croft still hold its sway? Methods change so quickly that the fashion of yesterday becomes almost obsolete to-day. I hope you will see your way to meet these views, and with all good wishes for the continued welfare of Guy's and its Gazette.—Yours sincerely,

C. R. ARNOLD SUTTON, M.D. Cantab.

Chicken-pox at Twenty-four.

Dear Sir,—The following notes of a case of chicken-pox, occurring in the adult, may be of interest from its rarity. Dr. Fagge, indeed, says in his "Principles and Practice of Medicine," that "Most writers say they have never seen it in grown-up patients; but Heberden relates one case in which a mother caught it from her children, and another instance of it in an adult female was observed by Gregory." Dr. Pye-Smith, in the same work, gives an instance in a lady 22 years old. The present patient was a solicitor's clerk, aged 24. He woke on January 24th of this year with headache and a feeling of having been thrashed all over. He went to business as usual, though he felt cold all day and ached all over. On the 25th he noticed some sore spots in different parts of his head, behind the ears, and on the temples. He ached and felt cold as on the previous day. On the 26th, while still at his business, he was seen by one of my partners and complained chiefly of pain in the back and legs. Influenza was suspected; he was ordered to bed, and a salicylate of soda mixture was given him. The next day I saw him for the first time. His face was covered with a profuse eruption of vesicles, one or two of which were umbilicated, and a few were becoming purulent.

It was an interesting point in the case, that throughout the illness the face was "spotted" far more markedly than any other part of the body. This is very unusual, I believe. The rash involved all the body except the hands and feet. There were several spots on the scalp, and at least one on the palate. His temperature was 100·60; he felt and looked ill; his throat felt sore; he had been sleeping badly for the last week, and had been slightly delirious at night; but his pains had almost left him, except in the back, where they came on occasionally. There was a history of exposure to the infection of chicken-pox some sixteen days previously from a case which I myself had seen once; and there are very many cases about here now.

The diagnosis was made of chicken-pox, with (?) a superadded influenza, though at first small-pox did not seem altogether out of the question, the age, the backache, the prevalence of spots on the face, and the severe character of the illness being unusual for chicken-pox.

However, the case proved to be unquestionably chicken-pox, and ran an ordinary course, though attended with marked weakness for over a fortnight; and the patient is now quite well again.

Sidcup. C. R. A. SUTTON.

Treatment of Pott's Fracture.

Dear Sir,—The very able paper of Mr. Rowlands, in your issue of February 29th, on this subject has recalled to my mind the results of the usual treatment adopted during the time I was Surgical Registrar. Cases which leave the Hospital after a very short stay, in a "Croft," are very soon lost sight of; and, even though they are seen periodically by the dresser, he, as a rule, is too busy to note possible slight deformity or alteration in the direction of the lines of pressure, which ultimately have such a bad effect in the production of a flat-footed condition and osteo-arthritis of the foot and ankle-joints. I am sure if anyone will take the trouble to look over the volumes of the Surgical Reports, he will find many cases of osteotomy done to remedy, so far as possible, the deformity resulting from the fracture in question; and there is no question, to my mind, that any busy general practitioner will coincide with the view that the troubles resulting from such a fracture do not cease with the union of the fractured bone. Having had occasion to operate myself on a case when the result was lamentably bad, may I shortly state my views on the subject?

1. That there are cases of fracture of the lower end of the fibula above the ankle-joint with no associated displacement of the foot; these, if treated properly, require no operative measures.

2. That in any case of fracture associated with displacement of the foot in any direction, when such displacement cannot be easily remedied, an operative procedure, such as the one in question, ought to be performed without any hesitation; the risk in so doing is slight, whereas the consequences of leaving Nature to overcome (if possible) all defects may be, and often are, disastrous.

3. That an operation undertaken at once is very likely to be successful; but if it be delayed for many weeks, although the deformity may be corrected, any associated joint-changes in an adult tend to remain as a permanent reminder. In other words, when traumatic arthritis has developed it rarely, if ever, completely disappears.

The scientific discussion of Pott's fracture would, I am sure, take up too much of your space; consequently I simply offer you the results of my own cogitations upon what I have seen, and beg to remain—Yours very truly,

Hull. ALFRED PARKIN.

Appointments.

The following appointments have been made by the Treasurer:—

House-Physicians.—Mr. A. P. Beddard (Dr. Pye-Smith); Mr. A. Salter (Dr. Hale White).

Assistant House-Physicians.—Messrs. C. D. Edwards and W. H. Jewell.

House-Surgeons.—Mr. T. M. Thomas (Mr. Howse); Mr. J. R. Steinhaeuser (Mr. Davies-Colley).

Assistant House-Surgeons.—Messrs. W. S. Handley and E. E. Henderson.

Obstetric Residents.—Messrs. C. J. Harnett (April), R. H. Hayes (May), N. H. Pike (June).

The following appointments have been recommended by the Medical Council, and approved by the Treasurer:—

Clinical Assistants.—Messrs. J. Howell, P. E. Tresidder, A. G. Butler, A. H. Spicer, L. C. Panting and W. Tyson.

Dressers in the Eye Wards.—Messrs. T. M. Nicholson, E. J. O'Meara (May) (Mr. Higgens); A. W. Ormond, W. E. Plummer (May) (Mr. Brailey).

Surgeons' Dressers.—Messrs. F. J. Lidderdale, C. P. Higgins, D. L. Smith, R. B. Stamford, D. B. Todd, C. C. Worts (Mr. Howse); C. A. C. Askew, A. B. Carter, F. W. Lee, H. Simson, C. R. Nicholson, W. C. Milward (Mr. Davies-Colley); J. O. Garland, R. Howard, H. J. Starling, B. B. Gough, J. M. Fortescue-Brickdale, C. R. Hodgson (Mr. Lucas); V. E. Collins, G. K. Levick, F. Golding-Bird, G. B. Pearson, J. B. A. Treusch, J. B. Walters (Mr. Golding-Bird).

Assistant Surgeons' Dressers.—Messrs. H. W. Allan, Evan Evans, R. W. Mayston, W. Mussellwhite, C. B. Thomson (Mr. Jacobson); H. R. Miller, E. G. Goddard, J. Howells, A. H. M. Saward, F. L. Rae (Mr. Symonds); H. W. Fox, W. P. Grellet, A. W. Nourse, C. D. Outred, E. W. S. Rowland (Mr. Lane); E. S. Hall, A. D. Lewis, S. B. Pennington, J. E. Powell, E. H. Musgrove (Mr. Dunn).

Medical Ward Clerks.—Messrs. W. E. Waymark, A. J. Cleveland, R. T. Fitz-Hugh, H. J. M. D. S. Barker, F. S. Batchelor, C. Shepherd, R. Fell, F. J. Nicholls, H. D. Peile, H. M. Berncastle, H. W. Bruce, C. L. G. Chapman, F. J. H. Martin, G. E. Richmond, P. Turner, F. E. Fremantle, T. H. W. Landon, S. E. Denyer, W. K. Wills, H. Cardin, J. A. Glover, W. H. M. Smith, P. W. Moore, G. N. Mottram, W. T. Milton, J. E. H. Parsons, K. B. Alexander, H. P. W. Barrow, E. C. Davies, A. H. B. Kirkman, R. J. Pritchard, H. S. Turner, H. N. Collier, C. E. Hibbard, F. H. R. Heath.

Assistant Physicians' Clerks.—Messrs. A. R. Adams, C. W. Gibson, L. H. Lewis (Dr. Pitt); A. E. B. Crosby, W. N. East (Dr. Shaw); A. C. Ambrose, A. J. Hull (Dr. Washbourn).

Aural Surgeon's Dressers.—Messrs. F. A. Godson, A. S. J. Pearse, and P. H. Haylett (May and June).

Dental Surgeons' Dressers.—Messrs. J. G. Watt (April and May), F. H. Hardy (May and June), W. L. Garner (June and July).

Dressers in the Throat Department.—Messrs. C. H. Fagge, A. Earnshaw, W. I. Hancock, S. Whicher, C. H. Bryant, G. E. Duncan, C. E. Michael, and W. Ramsden.

Post-Mortem Clerks.—Messrs. W. J. Lindsay, H. Leader (April and May), M. H. Thornely, W. E. Hills (May and June), E. Fisk, H. Bernard-Onraët (June and July).

Obstetric Ward Clerks.—Messrs. C. P. Weekes, H. W. Dudgeon and J. Robertson.

Obstetric Out-Patients' Clerks.—Messrs. C. T. Anderson, M. H. Way and J. N. Gardiner (first half); J. T. Roberts, E. Ivens Spriggs and A. E. Porter (second half).

Surgical Ward Clerks.—Messrs. R. Balderston, A. H. Carter, E. Fryer, H. C. Regnart, V. T. C. Bent, L. D. B. Cogan, H. Durbridge, E. A. Evans, H. E. C. Fox, L. E. C. Handson, L. Humphry, E. A. Longhurst, R. Michell, G. Chetwode Owsley, W. S. Richardson, E. R. Row, H. C. Sturdy and C. F. Watson.

Clerks in the Skin Department.—Messrs. D. Rice and C. G. Burton.

Clerks in the Electrical Department.—Messrs. W. E. Hills (April), F. A. Godson (May), E. T. Scowby (June).

Assistant Surgeons' Clerks.—Messrs. H. R. Marsh and A. J. Wernet (Mr. Jacobson), D. Rice (Mr. Symonds), H. W. Bruce (Mr. Dunn).

Clerks to the Anæsthetists.—Messrs. R. T. Brown, N. Lavers, W. N. East, F. J. Lidderdale, C. R. Hodgson and A. Earnshaw.

Externs.—Messrs. J. M. Fortescue-Brickdale, H. V. Smith, W. J. S. Harvey and J. B. A. Treusch.

Dental Appointments.

The following Dental Appointments have been recommended by the Dental Council, and approved by the Treasurer:—

Assistant Dental House-Surgeons.—Messrs. L. S. Hounsell and K. W. Goadby.

Demonstrator in Conservation Room.—Mr. H. R. Pratt.

Dressers in the Gas Room (for April, 1896).—Messrs. S. W. Cock, C. N. Doyle, H. Knight, A. E. Oddy, G. D. Slater, A. St. J. Styer.

Dressers in the Ordinary Extraction Room (for April, 1896).—Messrs. P. H. Cook, R. G. S. Holmes, G. O. Betts, F. Curtis, W. E. Ganney, E. H. Musgrove.

The New House-Appointments.

ASSISTANT HOUSE-PHYSICIANS.

Charles Derwent Edwards entered Guy's as a Third Year's Student in 1893, having been placed in the Third Class of the Cambridge Natural Science Tripos, and having passed the second examination for the Medical and Surgical Degrees. He clerked to Drs. Taylor and Hale White and dressed for Messrs. Dunn and Davies-Colley, since which he has held the appointments of Obstetric Out-Patients' Clerk, Dresser in the Eye Wards, and Clinical Assistant. He passed in both parts of the Third (Final) Examination at Cambridge in December, 1895.

William Henry Jewell entered Guy's for the Preliminary Scientific Course in October, 1887. He passed the Preliminary Scientific Examination in July, 1888, becoming a full student in the October following, presented himself for the Intermediate Examination in Medicine in July, 1890, and completed it in January, 1891. He clerked for Drs. Taylor and Goodhart and dressed for Messrs. Jacobson and Howse, and qualified M.R.C.S., L.R.C.P. in October, 1893. He took his M.B., B.S. Lond. degrees last October, obtaining Honours in Obstetric Medicine. He has also held the following appointments:—Clerk in the Skin Department, Aural Surgeon's Dresser, Obstetric Out-Patients' Clerk, Obstetric Ward Clerk, Dresser in the Throat Department, Dresser in the Eye Wards, Clinical Assistant, and Clerk to Anæsthetists.

ASSISTANT HOUSE-SURGEONS.

William Sampson Handley entered Guy's in October, 1889, having obtained an Entrance Scholarship in Arts of the value of 100 guineas. He passed the Preliminary Scientific Examination in July, 1890; the First Conjoint in April, 1891, and the Second Conjoint in April, 1892. In July, 1892, he presented himself for the Inter-Examination in Medicine, and obtained Honours in Physiology and in Chemistry. He passed all parts of the Final Conjoint Examination in January, 1895. Last October he gained the Gold Medal in Obstetric Medicine, and Honours in Medicine and Forensic Medicine. He clerked to Drs. Pye-Smith and Hale White, and dressed to Messrs. Jacobson and Lucas; and has also filled the appointments of Post-Mortem Clerk, Dental Surgeons' Dresser, Dresser in the Throat Department, Clerk to Anæsthetists, Clinical Assistant, and Obstetric Resident.

Edward Erskine Henderson entered Guy's in September, 1891, as a Second Year's Student, having obtained Second Class Honours in the Natural Science Tripos at Cambridge, where in the following June he passed the Second Examination for Medical and Surgical Degrees. He clerked to Drs. Pye-Smith and Goodhart, dressed for Messrs. Lane and Davies-Colley, and has held in addition the appointments of Post-mortem Clerk, Aural Surgeon's Dresser, Clerk to Anæsthetists, Clinical Assistant, Dresser in the Eye Wards, and Obstetric Resident. He passed in both parts of the Final M.B., B.C., in December, 1894.

OBSTETRIC RESIDENTS.

Charles John Harnett entered Guy's in October, 1889, as a Preliminary Scientific Student, and passed that examination in January, 1891. He entered as a full Student in October, 1890, and passed the First Conjoint Examinaton in April, 1891, and the Second in April, 1892. He clerked to Drs. Goodhart and Hale White, dressed to Messrs. Symonds and Lucas, and held in succession the appointments of Obstetric Out-Patients' Clerk, Dresser in the Throat Department, Clerk to Anæsthetists, and Clinical Assistant. With regard to prizes, he shared the second prize for First Year's Students in 1891 with Mr. A. Salter, and obtained the second prize for Second Year's Students in 1892, and the Sands Cox Scholarship in Physiology. At the Intermediate M.B. in July, 1893, he obtained the Scholarship and Medal in Physiology and Honours in Anatomy, Chemistry, and Materia Medica. He passed the Primary F.R.C.S. in May, 1893, and all parts of the Final Conjoint in July, 1895. Last year he obtained the Scholarship and Gold Medal in Forensic Medicine and Honours in Medicine.

Reginald Hewlett Hayes entered Guy's in November, 1889. He clerked to Drs. Goodhart and Shaw, dressed for Messrs. Jacobson and Howse, and held the appointments of Dental Surgeon's Dresser, Aural Surgeon's Dresser, Obstetric Ward Clerk, Dresser in the Eye Wards, Clinical Assistant, and Clerk to Anæsthetists. He qualified M.R.C.S., L.R.C.P., L.S.A. in January, 1895.

Norman Howard Pike entered Guy's in May, 1891, having already passed the Preliminary Scientific Examination in January, 1891, before entering the Hospital. He passed the First Conjoint Examination in April, 1892, and the Second in April, 1893. He clerked to Drs. Goodhart and Hale White, dressed for Messrs. Jacobson and Lucas, and served also as Post-mortem Clerk, Clerk to Anæsthetists, and Clinical Assistant. He passed the Intermediate M.B. Lond. in July, 1893, and all parts of the Final Conjoint in January, 1896.

THE WINNER OF THE TREASURER'S PRIZE ESSAY.

Mr. A. Salter entered Guy's in October, 1889, as a Preliminary Student, passed the Preliminary Scientific Examination of the University of London in July, 1890, obtaining Honours in Botany, and gained the Second Science Scholarship of the value of fifty guineas in the September following. He entered as a full student in October, 1890, passed the First Conjoint Examination in April, 1891, and was bracketed equal with Mr. C. J. Harnett for the second prize for First Year's Students in July, 1891. In April, 1892, Mr. Salter passed the Second Conjoint Examination, and in the following July was second to Mr. Harnett in the examination for the Sands Cox Scholarship in Physiology, and gained Honours in Physiology in the Intermediate M.B.

In October, 1892, Mr. Salter commenced his Ward work, and has held, in addition to the ordinary appointments, those of Assistant Surgeons' Clerk, Obstetric Ward Clerk, Clinical Assistant, Dresser in Eye Wards, Clerk to Anæsthetist, Dresser in the Throat Department, Dental Surgeon's Dresser and Assistant House-Physician. He obtained the second prize for Third Year's Students in 1893, and, as all our readers are aware, greatly distinguished himself at the last M.B. Lond. Examination, obtaining First Class Honours in all subjects, and the Gold Medal in Medicine. Mr. Salter qualified as M.R.C.S., L.R.C.P., in January, 1895. He has now been appointed House-Physician to Dr. Hale White.

Examining Board in England

BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

Notice is hereby given that the Regulations dated the 1st of January, 1892 (five years' curriculum) have been revised in the following respects, namely:—

1. Pharmacology as a separate subject has been omitted from the Third or Final Examination and the Synopsis of Pharmacology has been withdrawn.
2. The words "after passing the second Examination" have been added to paragraph 6, Section I., page 6.

Copies of the revised Regulations can now be obtained on application to the Secretary, Examination Hall, Victoria Embankment, London, W.C.

N.B.—The foregoing alterations in the Regulations take effect from this date.

FREDERIC G. HALLETT, *Secretary.*

16th March, 1896.

From the latter of these two regulations it follows that no lectures attended before passing the Second Conjoint or equivalent examination are of any use for the purpose of signing up. This change will not be of any very great importance in London, as it is not customary for men in their first two years to attend lectures on medicine and surgery. It will press more hardly on Cambridge men, who not infrequently attend a good proportion of their lectures before passing the second examination. At Oxford no certificate of attendance at lectures is required.

Notices.

"FIRST SWISS BRAND" UNSWEETENED CONDENSED MILK.

A sample of the above has been sent by the First Swiss Alpine Milk Exporting Company, Limited, Suffolk House, 5, Laurence Pountney Hill, E.C. This milk is prepared at Romanshorn, Switzerland, and is undoubtedly of most excellent quality. An analysis has been made which gives very satisfactory results as regards the milk constituents. It is simply milk with the excess of water removed, and when mixed with water forms a liquid possessing all the characteristics and properties of fresh cow's milk. A microscopic examination shows the fat globules to be normal, and that they have undergone no change during the evaporation. The milk is perfectly free from the sickly taste frequently present in ordinary condensed milk. The fact that cane sugar is entirely absent renders this milk especially suitable for infant feeding.

APENTA HUNGARIAN APERIENT WATER.

The Apollinaris Company, 4, Stratford Place, Oxford Street, have introduced a natural aperient water taken from the Uj Hunyadi springs, near Buda-Pesth. This water, known as Apenta Natural Aperient Water, has been analysed by Professor L. Liebermann, director of the Royal Hungarian State Chemical Institute in the Ministry of Agriculture, who gives the following as its chemical composition:—

	Parts per 1,000.
Sulphate of magnesia	24·4968
Sulphate of soda	15·4320
Sulphate of lime	1·0989
Cloride of sodium	1·8720
Bicarbonate of lime	0·8843
Bicarbonate of protoxide of iron...	0·0189
Silicic acid	0·0100

Besides these constituents the water contains traces of lithia and potassa.

What is most remarkable in the above analysis is the amount of sulphate of magnesia compared with the amount present in other Buda-Pesth waters, as shown by the published analyses. This fact at once demonstrates that Apenta is actually the strongest mineral water in respect to the magnesia which it contains. As regards the other salts, the analysis also shows that this water is richer than any other Continental bitter water.

In the treatment of obstinate constipation the water of the various springs in the neighbourhood of Buda-Pesth has been long appreciated. It is also held to be a remedy for chronic gout, gastric catarrh, rheumatism and ulceration of the stomach.

There can be no doubt that Apenta Water, from its remarkable richness in the various salts constituting the medicinal value of the Buda-Pesth mineral waters, stands at the head of the list, and that it can be relied upon for uniformity of strength and composition.

Sport.

Association Football.

GUY'S v. BEXLEY.

On Saturday, March the 21st, Guy's ended their list of fixtures by meeting Bexley. We had to take down Grey, vice F. E. Walker, who was damaged in the "Rugger nines"; otherwise we were at full strength. The ground was in capital condition considering the recent rains, and with plenty of the fair sex present, and at least two Guy's men, the players lacked no encouragement. That the game would be a fast one was soon evident, the Guy's left repeatedly breaking through, and from one of these Humphry netted the ball. Bexley now put in a lot of pressure, and gave our defence an anxious time, but Crosby at centre-half, Longhurst and Barker were at their best and nothing came of it, if one may except an interesting scrimmage between the Guy's goal-keeper and the Bexley forwards. Towards the end of the first half Mandy receiving the ball from the centre beat Cannon with a screw-shot, to be followed immediately afterwards with a beautiful straight drive by Palmer. Half-time, Guy's, three goals; Bexley, nil.

At the commencement of the second half, Bexley put in a lot of good work, and Barker was beaten after partially clearing a shot at close range. From now till the end Guy's had considerably the best of the game, the

long passing of the Bexley men being well met by some energetic play by our backs, Marshall and Longhurst. Palmer beat Cannon again with a high shot, the ball and Humphry both seeming to net at the same time. Some excellent combination on the part of the team enabled Mandy to give Palmer the ball in a difficult position, from which, however, he was able to shoot a fine goal. This ended a very pleasant game in our favour by five goals to one, the whole team working hard. Had Palmer shot as he did in this match, Guy's would not be without a single pot this season, as is unfortunately the case. Team :—

Guy's.—H. S. Barker (goal); G. Marshall and E. A. Longhurst (backs); R. B. Hall, A. E. Crosby and M. Thornely (half-backs); P. S. Mandy, W. G. Palmer, G. Ford, —. Grey and L. Humphry (three-quarter backs).

Guy's Hospital Annual Gymnastic Display.

On Friday, March 13th, before a moderate but appreciative audience, the seventh Annual Display was held.

It was originally intended to have a separate evening for the competition, but owing to an insufficiency of entries till the last moment, the idea was abandoned, and the competition and display took place on the same evening as arranged, which proved perfectly successful.

Three squads entered for the gymnastics, and there were seven entries for the fencing, of whom only four turned up. The draw for the squads and fencing resulted as follows :—

Squads.

Richardson (Leader)	Pike (Leader)	Sergeant (Leader)
Redpath	Plummer	Anderson
Copley	Instone	Pern
Hughes	Beattie	George

Fencing.

Duncan v. Henderson.
Anderson v. Finch.

Proceedings commenced with exercises on the horizontal bar, parallel bars, rings and horse, in all of which the squads acquitted themselves admirably, being marked as follows :—

	Horizontal Bar.	Parallel Bars.	Rings.	Horse.		Total.
Richardson's squad	61	70	70	62	...	263
Pike's squad	59	60	70	59	...	248
Sergeant's squad	57	61	61	54	...	233

The result of the fencing was as follows :—

Duncan (5 hits). | Henderson (2 hits).
Finch (5 hits). | Anderson (2 hits).

Final.

Finch (5 hits). | Duncan (4 hits).

After the competition the squads gave a grand display; some of the exercises set by our instructor, Staff-Sergeant Young, eliciting great applause.

The display being over, the spectators were treated to some excellent exhibition-sparing by the following members of our Boxing Club :—

Beattie v. Symes,
Pern v. Redpath,
and Cogan v. Kinsey-Morgan.

At the termination of the last bout the President, Dr. Pavy, F.R.S., arose and gave us a short speech, in which he expressed great satisfaction at the evening's performance; he then gave away the prizes to the successful candidates.

The prizes were awarded as follows :—

Novices' Boxing Competition, Beattie, a silver cigarette case.

Open Boxing Competition, Cogan, a silver cigarette case.

Squad Prize won by Messrs. Richardson, Redpath, Copley and Hughes, each of whom carried away either a set of gold sleeve-links or a gold pencil-case as their reward.

The winner of the Fencing, Mr. Finch, was awarded a scarf-pin.

Three cheers having been given for the President and the members of the Staff present, the proceedings terminated.

In conclusion, we have to thank Dr. Pavy, Mr. Dunn and Dr. Fawcett for the honour of their presence on this occasion, as it is encouraging to the competitors to know that their efforts are appreciated by the Staff. More especially have we to thank Dr. Fawcett for the great trouble he has taken in making this meeting a success, which it undoubtedly was.

W. AUSTIN POWELL, Hon. Sec.

Annual Inter-Hospital Competition

of the

United Hospitals' Boxing Club.

The Annual Inter-Hospital Competitions took place on Monday evening, March 16th, at the headquarters of the 1st Middlesex Rifle Volunteers in Davies Street, Berkeley Square, W. It will be sufficient here to simply give details of the evening's performance, for if the number of Guy's men who patronised the affair is an index of the interest taken in this Hospital in boxing, all I can say is that it is precious little; and considering the advantages we possess in having a better gymnasium, and a larger number of men to choose from than many other hospitals, it is simply disgraceful to think that the number of Guy's men present, including officials and competitors, barely reached the grand total of twelve. How can we expect to hold the proud position we held a little while back of premier boxing club in the hospitals if Guy's men do not take enough interest in the game to back up their representatives by their presence at the Inter-Hospital contests? It was a noticeable fact that nearly every other hospital had on Friday evening from thirty to forty supporters, whilst you could count the Guy's men on your fingers. Such a state of affairs is enough to demoralise boxing in any hospital. Let us hope that if we have the good fortune of having another Inter-Hospital Boxing Competition Guy's men will atone for their remissness by outnumbering any of the other hospitals. I must say this,

that those few Guy's men who did turn up encouraged our men most loyally, both before and after the contests. Details:—

Light Weights (under 10st.)

W. A. McEnery (Middlesex) beat C. W. Wirgman (University). McEnery was the sturdier of the two, and, although not so well trained, had decidedly the best of the three rounds. C. G. Meade (Bart.'s) beat R. Cogan (Guy's). The first round was a very even affair; in the opinion of many Cogan had the best of it. In the succeeding rounds, however, Cogan (whether from lack of encouragement or not) instead of doing most of the fighting, stood up to be fought. This was a mistake, as Meade set about his man in good style and won well. It should be here remarked that Cogan was not in the best of condition; perhaps his working hard for the College this week had something to do with it.

Final Bout.

Meade walked over, McEnery having to scratch, as he broke one of his metacarpals in the contest against Wirgman.

Middle Weight (11st. 4lbs.)

W. L. Griffiths (University) beat Kinsey-Morgan (Guy's). Griffiths had the advantage both in height and reach, and eventually won well. We must admire Kinsey-Morgan for his pluck against long odds, as in addition to the above advantages Griffiths had nearly a stone in hand. G. R. Baker (Bart.'s) drew a bye.

Final Bout—Griffiths beat Baker.

Griffiths was all over Baker, doing what he liked with him. Nearly knocking his man out in the first round, Griffiths set to in the second, and after catching him on the jaw, it was a case with Baker of "'e dunno where 'e are."

Bantam Weights (under 8st. 4lbs.)

The original man in for this contest was W. M. Price, but, evidently afraid of losing his reputation, he scratched on the day of the contest, a most unreasonable proceeding, as it left us in a bit of a fix, it being a very difficult thing to get a man to take the vacant place at the last moment. Perhaps, however, it is just as well that Price did scratch, as a new and promising man, Lionel Pern, very gallantly offered, rather than that there should be no Guy's representative to take his place. As events proved, his pluck was rewarded, he being the only one of our men to beat his opponent. C. Ruttledge (University), although not showing much science, had plenty of pluck, and the set-to between him and Pern was very keenly watched. Both men started as fast as they could go; this told upon them, and at the call of time they retired to their corners pretty well exhausted. In the second round Pern was cooler, evidently keeping himself for the last round. Ruttledge seems to have forgotten there was to be another round (barring accidents), and went for Pern as hard as he could, Pern stopping him repeatedly with his left. This tired Ruttledge, who became weak, and Pern, taking advantage of this, sailed in and scored rapidly. In the third round, Pern, who was the stronger, did not give his opponent any rest, but scored off him the whole round, eventually winning well.

Feather Weights (under 9st.)

F. W. Chandler (University) beat W. G. Graham (Bart.'s). Graham had the advantage in reach, but was weak with his left. He swung his right dangerously near his opponent's jaw—too near to be comfortable—so Chandler moved away from him. Nevertheless Graham got a right-hander home in the third round, which sent Chandler to his knees. Chandler, however, was up before the call of time, and being the more scientific boxer, by leading off more and using his left effectually on his opponent's mouth, won a fair contest.

Heavy Weights.

C. M. Rowe (University) beat C. S. Dunn (Bart.'s). Rowe was the more accomplished boxer and was in better condition. Dunn had the advantage in weight, but this availed him nothing against Rowe's straight left-handed hits. Dunn nearly knocked Rowe out in the third round by a blow on the mark, but did not follow up his advantage. Rowe eventually won on points.

Exhibition spars followed between—W. J. Ring v. Professor Bill Natty; N. Christy v. E. H. Perrin (of the Belsize B.C.); and A. Vanderhout v. F. S. B. Hollis.

W. AUSTIN POWELL, Hon. Sec.

Guy's Hospital Bicycle Club.

The Annual General Meeting of the above club was held in the Anatomical Theatre on the 5th March, Mr. Golding-Bird in the chair. The minutes of the last meeting were read and approved. Dr. Horrocks was elected a Vice-President of the club in the place of Dr. Campbell. The following officers were elected for the ensuing year:—President: C. H. Golding-Bird, Esq. Captain: J. E. G. Bates. Vice-Captain: P. G. Temple. Hon. Secretary and Treasurer: A. Lister-Kaye. Committee: Messrs. W. J. Henson, C. Reed, F. W. Brook, E. A. Miller, E. C. Brown, H. J. Gater. Votes of thanks to Messrs. Temple and Eastes for their unflagging energy in the furtherance of the interests of the club during the past year were unanimously carried. A vote of thanks to the chairman concluded the proceedings.

A. L. K.

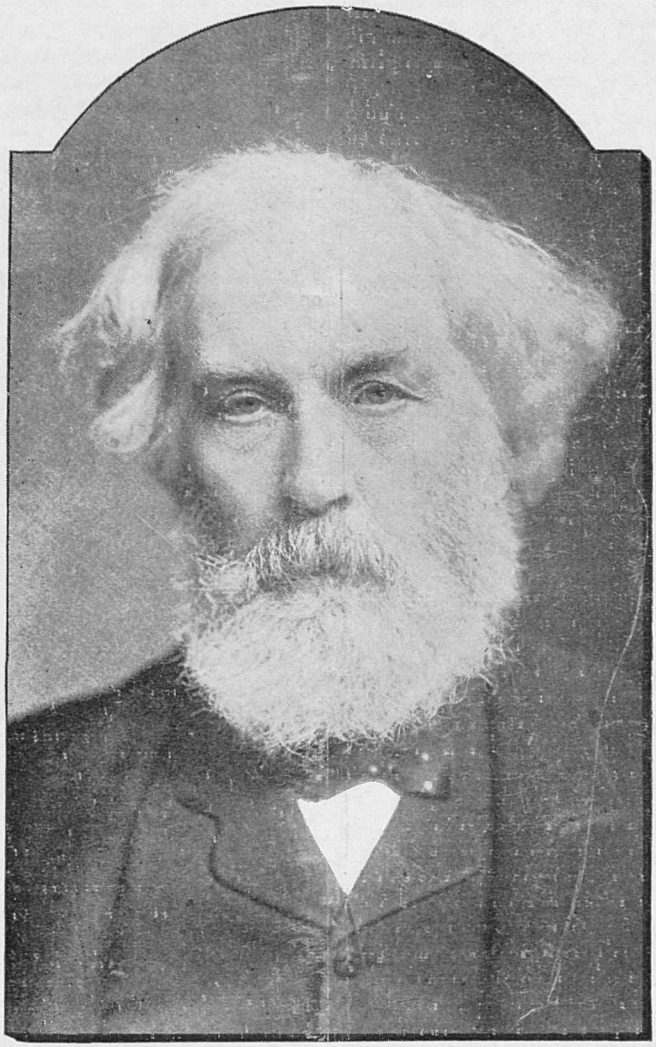
Births.

PITT.—On March 13th, at St. Thomas's Street, S.E., the wife of G. Newton Pitt, M.D. Camb., F.R.C.P., of a daughter.

SMALLPEICE.—On March 23rd, Cicely, wife of Donald Smallpeice, L.R.C.P. Lond., of a son.

UHTHOFF.—On March 10th, at Wavetree House, Brighton, the wife of John Caldwell Uhthoff, M.D. Lond., F.R.C.S., of a daughter.

WALLIS.—On March 10th, at Old Stone House, East Grinstead, the wife of Percy Evershed Wallis, M.R.C.S., L.R.C.P., of a daughter.



SAMUEL WILKS, M.D., LL.D., F.R.S.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Guy's Hospital Gazette,

APRIL 11, 1896.

The President of the Royal College of Physicians.

By Statute it is enacted that the Fellows of the Royal College of Physicians shall, every year, on the Monday following Palm Sunday, elect a President for the ensuing year; and this year the choice fell upon Dr. Wilks, who received 114 votes against 22 given for Sir William Broadbent. This is an unusually large majority for any President to obtain on the first year of his election, and we are confident that every one of our readers will feel proud to think that our Senior Consulting Physician, whom we all worship and revere, has attained what he himself described in the little speech he made, thanking the Fellows for his election, as the highest honour any physician can receive. The reason why it is so great an honour is that it is conferred by the vote of members of the profession who know and understand the worth of the man whom they elect. It is not a position awarded by the acclamation of the ignorant, those who are favoured by this are usually distinguished by those very artifices which Dr. Wilks has always studiously avoided; and it is for the avoidance of them that he is by such an enormous number of us loved in a way that makes us feel an enthusiasm for him, and shows that whenever the right man arises we shall always be hero-worshippers.

Dr. Wilks has constantly worked body and soul for the advancement of our knowledge of medicine, and he has never for a moment let his talents divert him from the profession of medicine into the trade of it. All humbug and all pretence to knowledge of that of which we are really ignorant have been unclean things to him, and he has never tired of exposing them. It must not be imagined, however, that we wish to imply that Dr. Wilks belongs to those weak-brained sceptics "whose scepticism is often the mask by which feeble thinkers endeavour to conceal the weakness of their mental powers." Far from it. His genius enables him at once to separate what we do know from what we do not know. We have often heard him most emphatic as to the benefit to be derived from drugs which he knew to do good, and when such a man teaches us a fact we remember it for the rest of our lives, and treasure it up as one of the certain things about medicine, while we pay no attention to the man who is constantly advocating the last new preparation pushed by some enterprising firm of chemists.

Another trait in Dr. Wilks' character which appeals to us at Guy's is his life-long and deep devotion to our great Hospital. Even present students who cannot remember Dr. Wilks as a teacher, have proof of this, for although it is ten years since he retired from the post of Senior Physician, he is still President of the Physical Society, and often comes down to the Hospital, especially to the post-mortem room. But much as all this would make those who have known Dr. Wilks love him, it would not account for what is his truly world-wide reputation. The explanation of this is that he is a genius well worthy to follow and be on an equal footing with Hodgkin, Bright and Addison. Guy's is a very famous school of medicine, and no one has done more to make it famous than Dr. Wilks. His lectures on Pathological Anatomy were first published about thirty-five years ago as a book, which still forms by far the best treatise on the subject in any language. Not long ago a friend, who is not a Guy's man, and who makes many post-mortem examinations, said to us, "Whenever I think I have found anything hitherto undescribed, I go to Wilks'

book, and I am sure to find it there." When we remember what thirty-five years mean at the present rate at which medicine is advancing, we get some slight idea of the greatness of Dr. Wilks' book. Then, too, Dr. Wilks first told us that, as a rule, the contracted granular kidney was the result of a different process from that which leads to tubal nephritis. To him we also owe the discovery that syphilis can affect the internal viscera. He discovered Hodgkin's disease, quite independently of Hodgkin, and then called the attention of the profession to the fact that Hodgkin had already discovered it. He also described linear atrophy of the skin and verruca necrogenica. These are merely a few of the things our great physican has done; in addition he has enriched medicine by contributing over fifty papers to the Guy's Hospital Reports, and in the early years of the Pathological Society he showed more than a hundred cases, and by his enthusiasm probably has done more than any man alive to promote the study of Pathology in Great Britain. By the publication of his book on Diseases of the Nervous System he became one of the pioneers in this branch of medicine, which has made such strides of late years. Then, again, he has helped the profession in a way that cannot be measured, by inspiring a love for their work in his pupils. Many can recall conversations with him that took place years ago. His listeners always left him feeling they had been made to think, and had been raised by meeting him.

Dr. Wilks was born in June, 1824, and it goes without saying that honours have fallen very thick on him. He graduated M.B. at the University of London in 1848, and M.D. in 1850. He took many honours, and finally won the gold medal at the M.D. He is an LL.D. of the University of Edinburgh; a Fellow of the Royal Society; he is a Member of the Senate of the London University, and has been Examiner in Medicine there; he is a Member of the General Medical Council; he is Physician in Ordinary to Their Royal Highnesses the Duke and Duchess of Connaught; and he has been President both of the Pathological and Neurological Societies.

It is a curious fact that no other Guy's man has been President of the College of Physicians since Dr. Jurin, who was the first Physician ever appointed to Guy's and who became President in 1750. His presidency was probably the shortest known, for he died about two months after his election.

Encysted Perimetritis.

CLINICAL LECTURE BY DR. GALABIN.

Gentlemen,—Encysted peritonitis is more rare than the ordinary forms of plastic, general seropurulent, or purulent peritonitis: because in this case adhesions have to form to limit the affection, and an effusion of fluid has to take place within the cavity so formed.

Most commonly this fluid consists of serum; but in more severe cases it consists of pus. Again, it may at first be serous in character, and become purulent later on.

This form is intermediate in severity between the more common form of plastic peritonitis, which takes origin in the genital organs and is limited to the pelvis, and that form of peritonitis which is of a septic character, and which, spreading rapidly over the whole of the abdominal cavity, soon proves fatal.

Besides taking its origin from inflammation connected with the genital organs, encysted peritonitis may be set up by an impacted gallstone, an ulcer of the stomach or of the intestine: again, many cases are due to appendicitis.

To-day I intend to call your attention only to that special form which takes its origin from the uterus or its neighbourhood.

Causes.—The most common cause of encysted perimetritis is the extension of inflammation from the Fallopian tubes—the microbes in this case following the course of the mucous membrane, and so entering the peritonæal cavity. One form of this is associated with chronic inflammation of and about the Fallopian tubes, following which a local plastic peritonitis may take place forming a closed cavity around the tubes, and so protecting the general peritonæal cavity from infection. In these cases the tubes may be distended with pus, and this purulent inflammation may extend to the parts outside: or again, pus may escape through the open ostium of the tube, but as plastic adhesions have formed, the inflammation cannot extend indefinitely, and so it forms an encysted perimetritis. It then resembles to a large extent a collection of pus in cellular tissue, for the pus, being contained in a cavity under a certain amount of pressure, tends to make its way outwards in the path of least resistance. It thus often reaches the cellular tissue, and makes its way most commonly into the rectum, more rarely into the vagina, and still more rarely into the bladder. It may, however, rupture into the

general peritonæal cavity, or into small intestine. Encysted peritonitis may also originate from the ovary, where primary abscess may cause it, or it may be associated with an early stage of ovarian cystoma which has undergone inflammation.

It may also occur in cases of a rapid form of peritonitis, when the inflammation does not spread quickly enough to prevent adhesions from limiting it. But if the adhesions do not form quickly enough to limit the inflammation, the disease will take on the form of fatal peritonitis.

In all these cases the effusion may be serous, purulent, or it may be first serous and then become purulent. Then there is considerable difference in the severity of the peritonitis according to the micro-organisms causing it. When the peritonitis is due to infection by the gonococci, which have passed in along the Fallopian tubes, it is not nearly so severe or widespread as the peritonitis of the septic kind due to streptococci.

Again, encysted perimetritis may be secondary to a hæmatocele due to the rupture of a tubal fœtation, or to any other cause.

In the majority of cases of hæmatocele the blood is gradually absorbed and the whole thing clears up. But in a few cases the blood becomes infected in some way, either by microbes penetrating through the walls of the intestines or travelling along the Fallopian tubes, so that suppuration takes place in and around the clot, and results in encysted perimetritis.

In some cases tubercle is the cause of encysted perimetritis. The part most frequently affected by tubercle is the Fallopian tube, where the lesion may be secondary to tubercle existing in some other part of the peritonæal cavity, for then some tubercle bacilli falling to the pelvic cavity, may be swept into the Fallopian tube by the ciliary current set up by the fimbriæ: further, the infection subsequently spreads by extension to the ovary and uterus.

In these cases where the encysted peritonitis is due to infection by tubercle, the effusion may have a characteristic caseous appearance.

The form of encysted peritonitis of gynæcological origin is liable to be mistaken for an encysted peritonitis due to appendicitis, and this error is especially likely to occur if the perimetritis is affecting the right Fallopian tube or the right ovary. They can, as a general rule, be distinguished if the following points are attended to. In the disease primarily due to appendicitis, the focus is in the right iliac fossa above the level of the pelvic brim, two inches from the anterior superior spine of the ilium in the direction of the umbilicus: in inflammation of the Fallopian tube or ovary, the focus is within the pelvic cavity, and the affection extends to or surrounds the uterus.

In some cases, however, encysted perimetritis of gynæcological origin has its locality above the pelvic brim, extending a good way into the abdomen, so that it simulates an ovarian tumour. Again, the inflammation near the uterus may subside, so that the part of the encysted perimetritis in the abdomen is the only part that remains: Dr. Mathews Duncan called this variety remote perimetritis. It is much rarer than the form of disease called remote parametritis, which begins as an inflammation of the cellular tissue near the uterus; spreads to some remote part such as the abdominal wall, or the neighbourhood of the sacro-iliac synchondrosis; and may go on thence to suppuration while it has ended in resolution at its primary seat.

In the case of serous perimetritis the serum is either gradually absorbed or it takes on a purulent character. Whether pus was present originally or was formed in a later stage, it eventually makes its exit somewhere externally, when the abscess may open on the surface of the abdomen, especially if there is a large collection of fluid above the brim of the pelvis: if however the collection of fluid is in the cavity of the pelvis, it most commonly makes an opening into the rectum, vagina or bladder: yet occasionally it travels along the cellular tissue and present just above Poupart's ligament, or makes its way backwarks through the sciatic notch.

If the abscess opens externally on the abdominal wall, and if the opening can be maintained so that free drainage of the abscess cavity takes place, the case ends ultimately in recovery, but if it opens into the rectum or the bladder, the prognosis is less favourable, for efficient drainage is almost impossible in these cases, and for this reason inflammation is set up in the rectum and bladder by the constant discharge from the sinus, and the final result is very unsatisfactory. Some years ago I looked through the Post-mortem Reports of Guy's Hospital for a period of five years. During this time there were 212 necropsies on women above the age of puberty. Out of these 212 cases there were 12 instances of dilated Fallopian tubes and 14 of chronic inflammation with adhesions about these tubes without distension. In seven out of these 26 cases the pelvic inflammation was thought to be the primary cause of death—a result not due to the excessive activity of the

gynæcologists, because at that time gynæcologists did not perform abdominal operations. In those days abdominal section was not usually performed in such cases, and in the fatal cases the patients died either from the direct effect of the pelvic suppuration or from some secondary septic lesions.

From the above statistics you see that this disease forms a serious danger to life.

The *diagnosis* is somewhat difficult in this encysted perimetritis if it is not limited to the pelvis: thus when there is a cyst containing fluid in the abdomen it is important to distinguish it from an ovarian tumour. In the commencement of encysted peritonitis there is an enlargement of the abdomen and a coincident onset of inflammatory symptoms, whereas ordinarily an ovarian tumour increases in size gradually, and is present for a long time, causing enlargement, before it sets up any acute symptoms. Remember, however, in this connection that an abdominal tumour may be present for years without being noticed, and then suddenly the pedicle is twisted and the tumour is noticed, owing to a simultaneous onset of inflammatory symptoms, and, perhaps, a rapid increase of size, so that it is very difficult to distinguish such a case from encysted peritonitis.

As regards physical signs, encysted perimetritis has not such definite outlines as an ovarian tumour: again, the fluid thrill is not limited to the area of dulness—as it is in the case of ovarian cyst, unless there is ascitic effusion in addition—but extends to parts where there is resonance; the reason for this being that the fluid is poured out quickly into an irregular cavity among coils of intestine. Again, the ovarian cyst is very much more tense, as a rule, than encysted perimetritis. The latter may, however, in the course of time, become tense and globular, so that the areas of dulness and fluid thrill coincide, and it is impossible to make an absolute diagnosis from external examination.

In these cases you can only decide on the course of treatment after making an incision through the abdominal wall. Even then there may be a difficulty in deciding at once.

In the early days of ovariotomy I remember witnessing an operation undertaken for removal of an ovarian cyst. The supposed cyst was thought to be so adherent that it could not be removed, and was stitched to the edges of the abdominal wound. The patient did well for a while, but after a time food began to escape through the wound soon after being taken into the stomach, and eventually she died. At the necropsy it was discovered for the first time that there was no ovarian cyst at all, but an encysted peritonitis communicating with the stomach through an ulcerated opening. The cause of the difficulty of distinguishing between the two is that the peritonæum around the encysted perimetritis is so thickened that it closely resembles a cyst wall, and in the case of the ovarian cyst the peritonæum may be firmly adherent to the cyst wall.

One of the following plans will enable you to complete the diagnosis. The first method is to cut into the supposed cyst, and the character of the fluid that escapes enables you in most instances to decide whether it is ovarian. Further, in the case of encysted perimetritis you may feel or see projecting coils of intestines, which settle the question at once. In the case of ovarian cyst you may find on section that there are cystomatous or papillomatous growths inside it which determine its nature.

If neither of these tests can be applied, there is one of two courses open for you: first, to enlarge the incision upwards to the upper limit of the cyst, and so make sure whether there is a cyst wall or not; secondly, if the cyst extends above the umbilicus you need not cut into the cyst at all, but you should separate the supposed cyst wall carefully from the abdominal wall near the umbilicus, when, if it is really a cyst wall, you can separate it quite as easily at the umbilicus as elsewhere, but if it is merely thickened peritonæum it will be much more firmly adherent at the umbilicus. The advantage of this method is that there is no need of opening the general peritonæal cavity.

The serous encysted peritonitis is usually within the pelvis, and at an early stage is situated behind the uterus: it then pushes the uterus upwards and forwards, and may be felt as an elastic swelling bulging behind into the vagina.

A purulent encysted perimetritis, if limited in extent, may occupy the same position; an ovarian cyst, however, incarcerated in the pelvis, is usually distinguished by its being more definitely globular, and by its being accompanied by less diffused inflammatory thickening: yet in some cases it is impossible to make an absolute distinction without operation.

Treatment.—It would appear at first sight that the best treatment in these cases would be to evacuate through the vagina if the fluid can be reached in that way, but this is not the case: but, when possible, it is best to perform abdominal section, especially if the existence of tumour cannot be absolutely excluded before operation, for if an ovarian cyst

is present, there will almost certainly be secondary cysts, and evacuation will not cure. And, again, if the collection of fluid is due to encysted peritonitis, there may be several loculi: so by the vaginal method of operating you will probably open only one, and the others may burrow in other directions. Moreover, the source of the inflammation will probably be left behind in the shape of a pyosalpinx or suppurating ovary, from which a chronic sinus discharging pus will remain.

In one or two instances, however, I have had to incise an encysted peritonitis through the vagina.

In one case a woman was admitted to the obstetric ward for a large abdominal tumour. She had general symptoms of suppuration, and the lower segment of the tumour presented in the posterior vaginal fornix. Her pulse was 140, and she was altogether too bad for the performance of abdominal section. On incising the presenting part an enormous quantity of pus ran out, and on introducing my fingers through the incision, an elastic mass could be felt projecting like a secondary cyst in an ovarian tumour. The discharge became very offensive in a very short time. Her general condition, however, was so much improved in a few days that I proceeded to perform an abdominal section, and found that it was no ovarian tumour at all, but that it was a case of extra-uterine fœtation, and that the elastic mass felt through the vaginal incision was the placenta. The patient ultimately made a good recovery, although there was some further suppuration, pus escaping from the abdominal wound.

The following is another case which came under my care in the absence of my colleague, Dr. Horrocks, who, diagnosing a pelvic abscess, had operated in the first instance. On making an opening into it through the vagina, it was found to be a suppurating dermoid cyst, and as a consequence of this the discharge from the cavity became very foul and fœtid: some trouble was found in curing it because of the presence of papillary growths, projecting everywhere from the wall of the cavity: however, by curetting vigorously the whole of the lining of the cyst we were able to cure it without having to perform an abdominal section. The secreting surface being thus destroyed, the cyst rapidly closed up.

If you do perform an abdominal section, this operation is rendered more serious by the existence of an opening into the vagina, and still more serious by an opening into the rectum: because these form suppurating tracts leading to the peritonæum.

In the performance of abdominal section, it is a great advantage if it proves possible either to avoid opening the general peritonæal cavity entirely, or, at any rate, to avoid opening it until the abscess cavity has been washed out, which, however, will only be practicable if the pus lies superficially near the surface of the abdomen, and not if it is deep in the pelvis. If the general peritonæal cavity has been opened, it is advisable to extend the abdominal incision to a fair length, and not to limit it to two inches or so. For if the opening is so small that the irrigating fluid cannot escape quite freely, but distends the abdominal cavity, it is much more likely that infection will be carried to the upper parts of the peritonæum.

The next step is to wash out thoroughly with the solution which I shall recommend to you presently, using, as I do, an irrigator with a Lawson Tait's irrigating-tube. In the presence of pus, I consider it better to use a tube of moderate size, and let the fluid flow, gently at first, until all pus has been washed away. Careful search should then be made for any lump or lumps which might be suppurating ovaries or distended tubes, and carrying out this it will generally be necessary to separate adhesions from the back of the uterus and broad ligaments.

For introduction into the wound I use one of Keith's glass drainage-tubes, which should be passed to the bottom of the abscess cavity, and its upper end should reach to the lower angle of the abdominal wound. The cavity should be washed out through the tube every four or five hours, and the tube itself should be taken out to be cleaned at intervals: its top is covered by a sheet of indiarubber in order to protect it as far as possible from the germs of the air.

For washing out the abscess cavity you should use a solution containing one drachm of tincture of iodine to a pint of sterilized water, for though in former days I used plain boiled water or a solution of boric acid, I have now found iodine to be a much better antiseptic. Of course, you cannot use poisonous antiseptics, such as solutions of perchloride of mercury or carbolic acid. For washing out the tube at a later stage, sulphurous acid (1 in 20) may be used.

In general, it is necessary, after a week or so, to change the glass tube for a rubber one, and to shorten this gradually, until the sinus is closed, but occasionally I have found the suppuration to cease before the glass-tube is removed, and

the secretion to become clear serum: the drainage tube may then be removed altogether, and the abdomen closed.

The question still remains as to the treatment of cases in which sinuses are discharging pus and suppurating in a chronic way. I shall have to refer to this at some future lecture.

Case I.

The first case to which I want to draw your attention to-day is one of encysted perimetritis simulating ovarian tumour.

M. R., æt. 29, has been married fifteen years, so she married when fourteen. She had one child nine years ago, *i.e.*, when she was twenty. Menstruation commenced at fourteen, and has continued regularly every four weeks without pain. She was admitted on the 17th October, with a history of having, eleven days before admission, come to the front surgery complaining of pain in her stomach: she was menstruating at that time, her period having lasted several days longer than the usual time, and had begun one day sooner than usual, and she had passed clots: the abdomen was larger than formerly, but there was no definite history of the date of the enlargement.

The patient was told to come up to the obstetric Out-patients, where Dr. Horrocks thought that it was a case of ovarian tumour, in which the pedicle had become twisted, and so set up peritonitis. He thought that the case was an urgent one for operation. There was a history of some yellow discharge, and we must also remember that a woman living in Red Cross Street, who married when she was fourteen, is very likely to have had gonorrhœa at some time or other. There was an elastic—extremely tense—tumour reaching above the umbilicus, which was more prominent on the right side and in the middle line: a fluid thrill was felt: there was dulness on percussion corresponding to the area of the fluid thrill, the flanks being quite resonant. In all these points it resembled very much an ovarian cyst.

The patient was suffering from pain and sickness; her pulse was over 120 and her temperature was 101·8°, so I thought that it was probably an inflamed ovarian tumour. As there was no history of a tumour, however, I was in some doubt whether it might not be a case of encysted peritonitis: therefore I decided to operate at once, and on the 18th, the next day after her admission, I performed abdominal section. Ether having been administered, I made an incision in the middle line through the abdominal wall, when a fluid of pale yellow colour, and some solid lumps, which looked like fibrin, escaped. Inside the cavity was quite smooth, but the intestines could not be easily distinguished, and I could not decide whether it was a cyst or a peritonæal space, so the incision was extended somewhat upward to the upper limit of the space, opening the general peritonæal cavity, when it became quite clear that it was a part of the peritonæal cavity, and not an ovarian cyst at all. It was merely a globular cavity among the intestines, lined all around with a thick layer of plastic lymph.

On examining the pelvis, an elastic mass could be felt low down on the right side. The intestines were carefully separated, and then the swelling was opened, when a quantity of pus escaped from it. I irrigated the cavity with the iodine solution, once as soon as the primary sac was opened, and again after this second cavity had been opened. In the pelvis I had extreme difficulty in finding the landmarks; the pelvic viscera, uterus, bladder, etc., being covered in with adherent intestines.

Dr. Horrocks, who was present, passed a sound for me into the uterus, and also into the bladder, and thus we found that these organs were firmly tied down by adhesions to the left side of the pelvis. The second cavity, when opened, extended to the bottom of the pouch of Douglas: nothing could be felt like distended tubes. There came the question whether I should go on and remove the Fallopian tubes and ovaries, or be content with what I had already done: however, as this would incur a considerable degree of danger, and there was no particular sign pointing to its advisability, I decided not to do anything more.

I think that in this case the only possible way of reaching the tubes and ovaries would have been to adopt the Trendelenburg position, the patient's head being turned toward the light: then the coils of intestine would have had to be separated or dissected away one by one till the pelvic organs were isolated.

A glass tube was introduced after the cavity had been repeatedly washed out with the iodine solution. Only two ounces of fluid was discharged in the first twelve hours, and during the next twelve hours only one ounce came away. Five days after the operation there was still some yellow pus discharged from tube, but two days later the fluid appeared to be clear serum: we then decided on a rather unusual course, viz., to take out the tube and completely close the abdominal wound.

The patient was none the worse for this; but about a week afterwards a sinus began to discharge at the original site of the tube. The

probe when introduced only passed in about two and a half inches backward and not downward, so that the sinus did not extend to the original cavity, as it stopped above the brim of the pelvis.

On November 7th, the patient felt so well that she insisted on leaving the Hospital. My advice was that she should remain in until this sinus was completely closed. We have not heard since how she is getting on.

Case II.

The second case is one of extra-uterine fœtation followed by encysted peritonitis.

A. A., æt. 28, married ten years. Her husband is still living. She had one child a year after her marriage; she has been menstruating regularly every three weeks, and had no pain and did not pass any clots; she last menstruated on July 16th; in August she had morning sickness.

On August 27th she was attacked with pain in the lower part of the abdomen on the left side, and became collapsed. During the collapse she was almost pulseless. After that some pain arose over the region of the right ovary; there was also some bleeding from the vagina. She was admitted to the Seamen's Hospital and remained there for some time. She had several attacks of pain after her discharge, but they were not nearly so severe as they had been. This is a typical history of ruptured tubal fœtation.

She was admitted to Guy's Hospital on September 28th, a month after the date of the probable rupture. On examination, there was still a mass to be felt on the left side of the uterus, which was closely connected with it; her abdomen measured thirty-four inches around the umbilicus.

A tubal fœtation may rupture directly into the abdominal cavity, or it may rupture primarily into the broad ligament, and then go on increasing for some time longer, and finally rupture into the peritonæal cavity. If the former event takes place at a very early stage, and the bleeding is not excessive, an intra-peritonæal hæmetocele is formed by clotting of the blood; this is generally eventually absorbed, and the patient recovers without the necessity of abdominal section. It was at first hoped that this would be the course of events in the case of the present patient, since rupture into the peritonæal cavity had probably occurred at not more than six weeks' gestation, and matters had remained quiescent for a month.

After her admission her temperature rose to 101° and 102°, and her pulse was always rapid.

On October 3rd she had a severe attack of pain in her left leg; on the 10th her temperature was nearly 102°; on the 14th she was examined, and a hard mass was felt on the right side of the abdomen; another mass on the left side was closely connected with the uterus. The uterus lay in front, and its cavity measured three and a half inches. The tumour increased in size, and the increase especially affected that portion of it which extended down behind the uterus into the pouch of Douglas. She gradually became worse, and complained of intense pain, which, I think, we did not lay enough stress upon at first on account of her neurotic temperament.

On October 28th I decided to operate, making an incision in the middle line of the abdomen. On opening the peritonæum a large pus-containing cavity was exposed, which was washed out with iodine solution. On separating adhesions, a mass of clot—showing chorionic villi—on microscopic examination was found connected with the left tube, and adherent to the sigmoid flexure. The tube was tied and removed. No fœtus was discovered. On opening the swelling on the right side by separating adhesions, I found it to be full of foul pus, and I washed it out first, and then the whole peritonæal cavity. I was about to close the abdomen when I smelt some more foul pus, and I found another collection of pus in the situation of the pouch of Douglas, extending very low down between the vagina and rectum, as if on the point of rupturing into the rectum. The patient being in a very collapsed state at that stage, I only hastily washed out this last loculus, without attempting again to irrigate the general peritonæal cavity, and then closed the incision, having inserted two Keith's drainage-tubes. One of these rested in the position whence the placenta had been removed on the left side; the other descended rather on the right side to the bottom of the pouch of Douglas, shut off from the first by dense tissue which had not been separated.

This patient is still in the Hospital. She had a slight elevation of temperature for some time after the operation. Both the cavities were syringed out with iodine solution, and after a while the glass tubes were replaced by rubber drainage-tubes, which are now much shortened; there is, however, a communication between the cavities which undermines the skin. The bridge of skin will have to be divided* to ensure complete healing.

* This was done, and both sinuses eventually healed completely.

It will be noted that in this case there were three pus-containing cavities, of varying degrees of foulness, so that any evacuation from the vagina or elsewhere, short of abdominal section, would only have reached one of them.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	6.	Aneurysm of thoracic aorta. Aortic regurgitation.
	8.	Aortic and mitral regurgitation.
	11.	Mitral stenosis and regurgitation.
	16.	Mitral stenosis and regurgitation. Adherent pericardium.
	21.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	27.	Aortic and mitral regurgitation.
	44.	Pericarditis. Mitral stenosis and regurgitation. Aortic regurgitation.
	46.	Mitral constriction.
	48.	Tricuspid regurgitation. Cyanosis. Anasarca. Consolidation right base.
Philip	11.	Mitral regurgitation. Atheroma of aorta.
	12, 16.	Mitral regurgitation.
Stephen	7.	Aortic and mitral regurgitation.
	17.	Mitral regurgitation.
	20.	Aneurysm of thoracic aorta.
	25.	Aortic stenosis and regurgitation.
	29.	Mitral regurgitation.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	37.	Aortic and mitral stenosis and regurgitation.

Nervous System.

Mary	1.	Idiopathic muscular atrophy.
	10.	Headache. ? Cause.
Philip	3.	Sciatica.
	4.	Spastic paraplegia. Compression of cord.
	9.	Chorea.
	30.	Left hemiplegia.
	35.	Ptosis. Paralysis of left third nerve.
Stephen	1.	Right hemiplegia and aphasia.
	11.	Paraplegia. Atrophy of muscles.
	14.	Hemianæsthesia.
	16.	Locomotor ataxy. Gastric crises.
	35.	Locomotor ataxy.

Alimentary System and Abdomen.

Mary	3, 9.	Gastric ulcer.
	12.	Abdominal tumour. Pregnancy.
	18.	Jaundice. ? Enlarged gall-bladder.
	20.	? Tuberculous peritonitis.
	26.	Abdominal tumour. Carcinoma of stomach.
	31.	? Typhoid fever.
	32.	Carcinoma of stomach.
	35.	Hæmatemesis. Gastric ulcer.
	38.	Abdominal tumour. Enlarged liver. Carcinoma.
	45.	Ascites. Cirrhosis of liver.
	50.	Abdominal pain.
Philip	2.	Carcinoma of liver. Ascites.
	8.	Colic. Plumbism.
	18.	Hæmatemesis. Cirrhosis of liver.
Stephen	3.	Enlarged liver and spleen. Jaundice. Cirrhosis of liver.
	6.	Enlarged spleen. Anæmia. Optic neuritis. Retinal hæmorrhage.
	27, 34.	Ascites.

Respiratory System.

Mary	4.	Pleuritic effusion and ascites.
	39.	Pleuritic effusion.
	40.	Basal consolidation; probably catarrhal.
	47.	Pneumonia left base.
	49.	Pneumonia.
Philip	1, 14, 19, 28.	Phthisis.
	13.	Chronic bronchitis.
Stephen	12.	Cyanosis. Capillary bronchitis.
	19.	Bronchiectasis.
	23, 28.	Phthisis.
	32.	Pleuritic effusion. 17th aspiration.

Genito-Urinary System.

Mary	2, 22.	Diabetes mellitus.
	7.	Chronic tubal nephritis.
Philip	20.	Chronic nephritis. Gout.
	34, 39.	Chronic tubal nephritis.
Stephen	2.	Diabetes mellitus.
	15, 33.	Acute nephritis.

Miscellaneous.

Mary	7.	Venous thrombosis, following influenza.
	14.	Eczema.
	25.	Acute rheumatism.
	30.	Malarial fever.
Philip	22.	Osteo-arthritis.
	32.	Mycosis fungoides.
Stephen	10, 38, 40.	Gout.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	11, 15, 16, 17.	Hip-joint disease.
	12.	Hæmaturia. ? Villous growth of bladder.

Cases under Mr. Davies-Colley.

Luke	7.	Displaced semilunar cartilage.
	10.	Malignant stricture of rectum.
	13.	Varicose veins.
	19.	Cleft palate.
Lydia	6.	Tumour on cheek. ? Sebaceous cyst.

Cases under Mr. Lucas.

Job	2.	Rodent ulcer at inner canthus of eye.
	17.	Epithelioma of anus.
Lydia	12.	Spinal caries. Dorsal abscess.

Cases under Mr. Golding-Bird.

Accident	2. 15.	Pott's fracture.
	7.	Fractured tibia and fibula.
	10.	Cut on wrist; divided ulnar nerve and artery.
	25.	Compound depressed fracture of skull; trephined.
Cornelius	1.	Blow on head; bleeding from ear; ruptured tympanic membrane.
	2.	Fractured malleoli of right leg. Fractured tibia and fibula of left leg.
	12.	Impacted fracture of neck of femur.
Martha	2.	Femoral hernia. ? Fatty sac.
	Cot.	Post-pharyngeal abscess. Tracheotomy.
	Cot.	Strangulated inguinal hernia. Spina bifila (meningo-myelocele).
Lazarus	5.	Tumour over parotid. ? Lymphatic gland, etc.
	5.	Necrosis of upper jaw.
	11.	Carcinoma recti.
	12.	Hæmorrhoids.
	20.	Loose bodies in knee-joint.
	21.	Strangulated inguinal hernia.

Case under Mr. Jacobson.

Naaman	20.	Epithelioma linguæ.

Cases under Mr. Symonds.

Luke	16.	Epithelioma penis. Amputation.
	17.	Tuberculous knee-joint. Amputation.
Job	11.	Fractured tibia; fibrous union.
Martha	15.	Movable kidney.

In the "Charity."

March, 1896.

The cases attended in the Guy's Charity last month were quite up to the average in point of numbers, there being in all 306 confinements, which included one face, one transverse, two funis and fifteen breech presentations, and six cases of twins. There have been fourteen infantile and one maternal deaths. The latter, which was caused by rupture of the uterus, was of unusual interest.

The Extern was sent for about 5 p.m. on March 14th. On arrival at the house he found the patient already much collapsed, with respiratory movements barely perceptible and pulse impalpable at the wrist. Assistance was promptly sent for, but the patient, who was already moribund, died before it arrived. The woman appears to have been in ordinary health up to the day of her death, but that afternoon "came over faint" and "her sight suddenly failed her," and she sank into the condition in which she was found by the Extern.

At a post-mortem examination which Mr. Every-Clayton made three days after her decease, a rent of the uterus six inches in length was found over the placental site, with blood and clots in the peritonæal cavity. The uterine wall was thin, and showed fatty degeneration. It appears to have been a seven and a-half months' fœtus. No history of traumatism could be elicited, and the case has been described as one of spontaneous rupture of a diseased viscus. The cause of death was not suspected until it was revealed by the autopsy.

Among the operations of the month were two cases in which dilating bags were employed. The first was for the induction of labour:—

Mrs. P., multipara, had had nine children, of whom one had lived thirteen years, but none other had survived many months. At the time of induction she was a little over seven months pregnant. On February 28th, one of Dr. Horrocks' small rubber bags at the end of a male gum-elastic catheter was inserted into the os uteri and left there after being distended with dilute carbolic lotion. On the 29th, the bag was found to have been expelled, and a second similar but larger bag was introduced. On March 1st, labour pains had been vigorous and the os uteri was found dilated to the size of a crown-piece, with the fœtal membranes bulging through it. The head of the child could be distinguished high up, pressed against the pubic symphysis. The bag had slipped far up into the uterus, dragging the attached end of the catheter after it. By 1 a.m. on the 2nd, the membranes had ruptured, and the os was nearly fully dilated. The bag was still high up in the uterus, and could not be extracted until the end of the catheter had been snipped off with scissors and its contents allowed to escape. After its removal labour was completed by the natural forces. Mother and child did well afterwards, as was of course to be expected. Dr. Horrocks' bag has now been used frequently for the induction of labour. The ease with which it can be introduced into even a very small cervix and the certainty with which it induces labour are its chief advantages. The fact that it slipped up from the cervix into the body of the uterus in this case did not seriously interfere with its action.*

In the second case, Champetier de Ribes' bag was employed, the os being already dilated to the size of a florin.

A. M. W., æt. 33 (seventh confinement), was reported to have had pains for two days, and the membranes were said to have ruptured at 6 p.m. on March 5th.

* A printed account of this instrument has not yet appeared, but a full description, with illustrations, will be published shortly by the inventor.

The os uteri had continued about the size of a florin for the thirty-six hours preceding operation. The vertex was felt high up, and *apparently* uncovered by membranes. The fœtal heart was heard with difficulty through the abdominal walls. A Champetier de Ribes' bag was introduced into the uterus and distended with dilute carbolic lotion at 6.20 p.m. on March 7th, chloroform being administered to facilitate its introduction. At 9.45 p.m. the bag was expelled, when the membranes, which had never really burst, bulged through the os. They were ruptured by the Senior Charity, who then put on forceps and delivered without difficulty. The subsequent progress of the mother and child was entirely satisfactory. The interest of the case lies chiefly in the misleading nature of the history and the deceptive feel of the fœtal head, labour not having fully commenced at the time when the operation was undertaken.

Case of attempted delivery by forceps—craniotomy:—

J. C., æt. 34, primipara, married four years. At 12.15 a.m., March 14th, os had been found to be of the size of a shilling and the membranes intact. At 6 a.m. the membranes had ruptured and the os was the size of a crown-piece. The head continued to descend until about 8 a.m., when advance ceased. As the condition of patient was healthy, the pains good, and the position of child L.O.A., the case was left to Nature for a while, but some hours afterwards forceps were applied, and on their proving ineffectual, Dr. Horrocks came down to the case. After more prolonged traction, the head advanced a little, but there was some hæmorrhage from the vagina. Dr. Horrocks therefore removed the blades, and, on examination of the parts, detected some laceration of the vaginal wall. The forceps were accordingly laid aside, and the Senior Charity perforated the right parietal bone and broke up the brain with the perforator. The child was afterwards delivered with craniotomy forceps. One stitch was put in the perinæum, which was ruptured half-way back to the anus. The mother made an uninterrupted recovery, both vaginal and perinæal wounds healing up rapidly.

Case of placenta prævia. Podalic version:—

E. A., æt. 25. Has never had any full-term children, but had a miscarriage at three months three years ago, and another at four months last August. She was quite well till the evening of March 14th, when, as she was stooping to get her boots from under the bed, she seems to have strained herself, for she "felt bad and cried out." Four hours later she lost a quantity of blood as she was standing in the street, and also later, after going to bed. The Extern arrived at 6.30 p.m. on March 15th, when patient was still bleeding, and had a feeble pulse of 120. On examination an hour later, bleeding had ceased, but the vagina was full of clots; the os uteri was high up, and the fœtal head could just be felt through it, but the placenta could not be made out. At Dr. Horrocks' suggestion, chloroform was given at 9.30, and the examination continued. The os was then almost fully dilated, and the membranes bulged through it into the vagina in a conical form. On hooking the finger round the edge of the os, the placenta was discovered to the left and posteriorly, its nearest edge being about an inch from the margin of the os. On rupturing the membranes, the head slipped away and could not be made to engage in the brim, but a hand and a foot coming down, traction was made on the latter, and patient allowed to come round from the anæsthetic. At 11.10 p.m. the half-breech descended and was born easily, but there was some difficulty with the after-coming head. The child appeared to have been dead some time, the epidermis being separated in large flakes from its body in places. It was about seven months old. The mother, notwithstanding the quantity of blood lost, recovered rapidly. H. A. M.

The Re-Endowment Fund.

The Festival Dinner has been postponed to June 10th, on which date it has been definitely fixed to take place, at the Imperial Institute. This postponement gives every one an extra month in which to swell the amounts in their collecting-books. The Secretary to the Treasurer wishes us to announce that these books will not now be called in until the 30th May. It will be a great convenience, however, if notice of any considerable sums collected be sent to the Office in the meantime.

We understand that the Dinner Committee are very busy settling the actual arrangements for the Festival, and some definite announcement will probably be made in our next issue.

An old Guy's man showed us his collecting-book the other day. It was quite full, and contained the names of one hundred and ten people out of one hundred and twenty whom he had asked to contribute. This is pretty fair evidence that people have not that aversion to being asked for money which some would have us believe. It must always be remembered that there are few individuals who at some time or other do not feel a desire to exercise charity, provided the right sort of cause is presented to them.

The Bromley Fancy Fair promises to be a great success. H.R.H. the Duchess of Albany is being asked to open the proceedings on the first day, and probably the Lady Mayoress on the second day. Mr. S. G. Layman is organising a grand concert at Beckenham to take place early in May. The tickets for the Dramatic Performance on May 4th at St. George's Hall, we regret to say, are not being taken up with the zest which the occasion demands, and we do trust that the matter will receive attention during the next fortnight. Mr. Stanley Cock has so ably and willingly given his time and talent to help everybody else in their enterprises, that to refuse him some return would be base ingratitude indeed.

Passim.

The forecast of our last issue is now an accomplished fact, and Dr. Wilks is the second Guy's man to occupy the Presidential Chair of the Royal College of Physicians. It is especially pleasing to be able to add our congratulations in the name of all readers of the Gazette to those now showered upon Dr. Wilks by friends outside Guy's: we do so heartily, as we know of the great interest he has taken in the welfare of the Gazette, as in every other project connected with this and many past generations of Students.

It has been brought to our notice that while Guy's has only once previously supplied the Royal College of Physicians with a president, Middlesex has done so four times; St. Thomas's, three times; St. George's and University College twice each; Westminster, London, and Mary's, once each.

Much interest has been evoked by the case for commentary in our issue of a month ago. On this account it shall be our effort to publish others with greater regularity than heretofore; but we cannot help feeling that greater benefit would accrue from them to the generality of men if the more enlightened would send us a few able commentaries for publication in each following number. The diagnosis of the last case, made ante-mortem and verified at the post-mortem, was that of tubercular peritonitis. The mesenteric glands were hard and much involved, and there was much matting of the mesentery, which was rolled up on the left side, forming the mass felt on palpation. There was also some kinking of the small intestine, owing to involvement from the tubercular inflammation, which no doubt accounted for the remaining symptoms.

The notes of a case for commentary sent to us this week have been unavoidably held over, with much other matter, owing to press of space.

Two Guy's men, Mr. H. R. T. Fort and Mr. Carey Pitt, have come forward to give aid to the sufferers in the present smallpox epidemic at Gloucester, and are now busy at work there.

With great pleasure we learn that Dr. Savage, in regard for his great and continued services to Guy's, has been officially appointed Physician for Mental Disorders to the Hospital.

We notice that Mr. Thomas Bryant has been re-elected as a representative of the Royal College of Surgeons on the General Medical College for a further period of five years.

We hear that the recent results in the Second Conjoint have been brilliant in the extreme. Out of 36 candidates, 26 passed, and of the ten who failed to satisfy their examiners, seven were advised that to present themselves at present for examination was a little premature.

The following letter was received the other day, amongst many suggestions and advertisements from tradesmen and private persons, and is worthy of some better fate than the rubbish-basket. It has reference to the recent case of hydrophobia reported in a previous number. We have purposely omitted the writer's name and address, but may add that he does not write from London. New medical discoveries are made every day; we live and learn, as the saying is; and discoveries are often made in one quarter of the globe which in the others are unknown for many years.

But here is a certain cure for one of the most awful afflictions known; it has been at our door for forty years at least, and no notice taken of it; the poor man has been bitten and died; the rich man has been bitten and cured only by the costly treatment of Pasteur; "Prince" has been fined, and more law-abiding dogs have been muzzled, and all to no purpose, for the Birling Cox Cure and Preventative for Hydrophobia was there all the time. Oh, Mr.———, why have we not heard of this before?

"To Authorities, Guy's Hospital.

"Gentlemen,—I take the liberty of letting you know there is no real necessity for the Pasteur Remedy to be found in London. If you London Doctors will only use 'in all Cases of Mad Dog Bites which is the Cause of Hydrophobia' the remedy known as the Birling Cure and Preventative against Hydrophobia there never need be a Single Case of Death from that dreadful malady. The Birling Cure can be obtained of Barclay & Sons, Farringdon Street, E.C. This remedy has been known to the writer of this letter between 40 and 50 years and should have been known to all the world long ago. Doubtless your patient is dead ere this or I would say get the remedy at once and thereby Test my herein expressed opinion of the Birling Sure Cure for Hydrophobia.

"Please do not throw this letter away in disgust my only object in Writing is a desire to benefit my fellow creatures & I would seriously ask you not to despise the remedy.—I am Sirs Your Very Humble Servant ———."

The Evolution of Sex.

A Paper read before the Physical Society on Saturday, March 7th, by G. E. Richmond, B.A., B.Sc.

Mr. Chairman and Gentlemen,—Although my subject is one of theoretical rather than of practical importance, still I feel convinced that there is little need of apology for asking your attention to-night to a paper upon the theory of the Evolution of Sex, for it is a subject which has attracted universal interest in all ages and in all climes, and which has only rightly been interpreted in the last ten years in terms which can be accepted as fundamental in biology. Early in the eighteenth century Drelincourt collected 262 "groundless hypotheses" as to the nature of sex, and Blumenbach quaintly remarked that Drelincourt's own theory made the 263rd. Blumenbach's has long since been added to the same list, and now the different theories far outnumber 500. After such a list of failures I can only hope that a happier fate will attend the paper which I have the honour to read to you to-night.

The subject readily falls into two great divisions—

1. The evolution of sex in the individual.

2. The evolution or origin of sex in plants and animals generally.

These two divisions, although so apparently different, are in reality so closely related that the first may be regarded as a resumé or précis of the second, or the first may be considered as a mere outline sketch of those events which are recorded in brilliant and lasting colours upon the canvas of the second division. It is generally admitted amongst many biologists that every animal has to climb up its own genealogical tree—that is, that in the evolution from the fertilised ovum each individual passes through stages, fleeting and transient though they may be, which recall stages permanently stereotyped in its ancestors amongst the lower animals, or plants. In some cases we can see that a resemblance exists between an entire organism and an embryological stage of some higher form—as, for example, the resemblance between an amœba and a fertilised ovum, which is the starting point of the life-history of most multicellular organisms, or the similarity which is apparent between the freshwater hydra and the gastrula stage of Amphioxus, where both forms essentially consist of a double layer of cells enclosing a central cavity or archenteron, which afterwards takes on the function of alimentation. In other cases the resemblance is less marked, and can be traced only in certain organs or systems, but even the most casual observer must perceive the likeness between the heart and blood-vessels of the early stages of the human fœtus and the corresponding organs in a fish. If such a law holds in organic evolution, it is quite justifiable to expect to find a similar one governing the evolution of sex, and we must apply it to test the correctness of our theories. But is sex a state or condition which admits of evolution? Or in other words, what is sex?

Among the higher animals we find distinct male and female forms, distinguishable from one another by the most obvious characteristics—as, for example, the lovely plumage of the male bird of paradise or of the peacock. But among lower forms the distinction is not at all obvious, for the male starfish is only distinguished from the female by the differences in the structure of reproductive organs, as observed by the microscope. In many cases the different sexes closely resemble one another, but minor structural differences decide their respective maleness or femaleness. As a rule the female possesses special egg-laying or young-feeding organs, and the male has often prominent organs used in sexual union. All such characters, which are directly associated with the essential functions of the sexes, are included under the title of *primary sexual characters*, whilst other distinctions in size, colour, skin, skeleton, plumage, etc., are known as *secondary sexual characters*, and are often more striking but of less real importance.

The subject of secondary characters has been fully treated by Darwin in his "Descent of Man," and it is impossible to do more than indicate what his conclusions were. He noticed that many *male* insects possess brighter colours than their mates, as well as weapons used in fighting with their rivals, and often the males alone have the power of noisy love-calling, which caused the Greeks to remark the cicada insects "live happy, having voiceless wives." Birds exhibit marked instances of the superiority of the males in their possession of brighter plumage, of weapons of offence, and of greater musical powers. Amongst mammals, ornament seems of minor importance to the presence of weapons, and of superior activity and strength. Darwin explains the existence of these characters by the theory of sexual selection, in which the males are said to have brighter colours because the females preferred such as their mates to the less attractive ones. By this means the less beautiful males would fail to beget offspring, and the females by a long selection of the most brilliant males would tend to add to their brilliancy.

But Wallace has said that the theory of sexual selection presupposes a too great constancy of the preferences of the female for a particular arrangement of colouring acting through a very lengthened period of time, and explains the facts by saying that both sexes were originally bright in colouring, but that the females have by natural selection become less conspicuous, because the most conspicuous females would be most exposed to danger whilst engaged in rearing their young, and would so become extinct.

Whereas Brooks, admitting that both the above processes may assist in the evolution of secondary characters, yet emphasises the existence of a deeper factor, by which the male elements possess the peculiar function of transmitting variations, while the female elements tend to transmit a constancy of structure. We shall presently see that the greater variability of males is only one of the many expressions of their constitutional bias. It is of the utmost importance for the proper understanding

of the differences between the two sexes to search for some physiological explanation of these differences. For this purpose it is necessary to compare the male creation generally with the female, and to see what are the special marks of each sex, as regards their mode of life, size, body temperature, length of life, and so on.

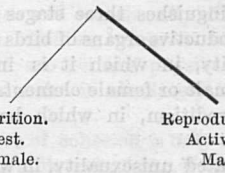
In general, males live a far more active and restless existence than females; as examples of this fact we may mention the cochineal insect, whereas the male is agile, restless, short-lived and possessed of wings, the female has no wings and lives a life of uninterrupted tranquility, as a mere gall upon the cactus plant. She is many times the size of her mate, and is laden with reserve products in the form of a well-known pigment. Again, there is a troublesome threadworm infesting the turnip plant—Heterodera schachtii—which parallels in many ways the contrast between the cochineal insects. The female is a quiescent parasite and bloated like a drawn-out lemon, but the male is agile and resembles other threadworms. This difference cannot be explained by the mere fact of parasitism, for both sexes are at first alike and become parasitic, the male however recovers his nematode form, whilst the female remains a victim. Then we often find that amongst crustaceans many females alone are parasitic and become lazy and inactive, whereas the males remain free and energetic. Although this is in part explained by the desire of the females to secure shelter for egg-laying purposes, still it points to a constitutional bias of the sex. Amongst bees it may be objected that the drones are lazy and inactive in comparison to the workers or immature females; so they doubtless are, but when compared with the sexually mature queen bee they are intensely active. Work and reproduction both require an expenditure of energy, and so cause a wasting of the structures of the organism concerned in these processes. Thus the workers amongst both bees and ants which have no strain thrown upon them by reproduction, have a vast accumulation of energy to expend upon such activities as collection of honey and attendance upon the eggs and larvæ.

As regards size, the females are smaller than the males in mammals, birds and lizards, but in fishes and snakes the females are generally of larger size. Amongst the invertebrate animals the females are generally larger, and it may be taken that this is the general rule throughout the animal world, *e.g.*, the female spider is much larger than her mate, whom she often devours during the courtship. In crustaceans again the same difference is seen. There is a striking instance in the marine worm Bonellia, in which species the female is one hundred times the size of the male, which lives parasitically upon his host and mate. It is fair to conclude that a sluggish, conservative habit of life tends to increase in size, whilst lavish expenditure tends to keep down accumulation of storage.

The body temperature, which may be taken as an indication of the pitch of the life, has been found in some cases to be distinctly lower in females than it is in males amongst the human species, insects and plants. In many cases the longevity of the females is greater than that of the males, as is evidenced by the lower insurance premiums paid by women.

The same distinctions are seen amongst the reproductive cells. The ova are in all cases larger and less active than the spermatozoa. Their mode of development from the primordial ova, which occur in both sexes, is very characteristic. The ova increase in size and store up reserve material at the expense of the neighbouring cells, whereas the spermatozoa are formed by the multiple division of these ova.

Such then are the chief distinctions between the sexes, and to find an explanation of their occurrence we must revert to those fundamental processes upon which the life of every cell depends, viz., anabolism and katabolism. Anabolism is a storing up of energy within the organism and is accompanied by growth in size; whereas katabolism is the reverse, and is accompanied by a setting free of energy and consequent wasting of the cell substances. That nutritive processes are the reverse of reproductive is as manifest as the antithesis between rest and activity, or between life and death. In the former, the anabolic processes are slightly more pronounced; in the latter, the katabolic which when unchecked result in death. That death and the reproductive functions are both closely allied is seen by the fact the may-fly lays so many eggs that she never recovers from the katabolic state and dies immediately after. A very simple diagram shows in a very striking manner these differences, where



we may represent the storing of potential energy by an ascending line, and the liberation of energy by a descending line. The ascending line will represent the sum of the processes of nutrition, rest, and also of femaleness, whereas the descent will recall the conditions of reproduction, activity, and maleness. If, then, males are more katabolic than females, we should expect that those characteristics, which distinguish that sex, would show evidences of katabolism, and the conditions which favour the production of males would also be of a katabolic nature. Now, pigments are almost invariably regarded as waste products—it is only necessary to mention a few, such as biliverdin, bilirubin, urobilin, stercobilin, which are all excreted, to see the truth of this proposition. So are such growths of hairs and feathers, which by their exuberant growth distinguish males, also evidences of the excess of katabolic processes. It is instructive to note that whilst males are young and growing rapidly, and are therefore more anabolic than they are in the adult mature form, they are not distinguished from females by their secondary sexual characters, which invariably appear at the time of

puberty. But while emphasis is laid upon the predominant katabolism of males, there is no desire to exalt such a condition into a *deus ex machina*, by whose help all difficulties are solved. I merely invoke the aid of katabolism to explain the otherwise inexplicable *commencement* of male characteristics, and leave selection to explain their subsequent development and perfection. Having now briefly reviewed the differences between the two sexes, and shown that the possession by the males of brighter colours and greater activity is merely an expression of the predominant katabolism of their constitutions, we are prepared to study the *evolution of sex in the individual.*

Every organism, whether male or female, develops from a fertilised ovum, apart from the occurrence of asexual and parthenogenetic reproduction. No difference has been demonstrated between an ovum which produces a male and that which produces a female; hence we must conclude that sex is determined after fertilisation has occurred by the influence of the environment, and must dismiss at once the theory that there are two kinds of ova, one of which produces males and the other females. In the higher animals it is possible at quite an early stage in embryonic life to state whether the young organism will be a male or a female, although in the very earliest stages the rudiment of the reproductive organ is identical in both sexes. As we descend in the animal series we find this embryological indifference greatly prolonged; for instance, a tadpole retains this state of indifference for some time after it is hatched.

Laulanié distinguishes three stages in the development of the reproductive organs of birds and mammals:—

(1.) Germiparity, in which it is impossible to distinguish either male or female elements.

(2.) Hermaphroditism, in which both elements are present.

(3.) Differentiated unisexuality, in which one class of elements develops to the exclusion of the other.

A further proof that every individual has passed through a hermaphrodite stage is found in the fact that both sexes possess rudiments of the essential organs of the other sex.

One of the most easily-disproved theories is that the number of sperms entering the ovum influences the sex —the more sperms the greater tendency to male offspring —for Pflüger and Hertwig have shown that the entrance of more than one sperm is very rare, and that when it occurs, it results in an abnormal development or the death of the second sperm. Again, drones or male bees develop from *un*fertilised eggs, which, however, only form one polar body instead of two, as is usual amongst fertilised ova. Professor Weissman considers that an ovum is hermaphrodite, and that the second polar body corresponds to the male portion of the nucleus.

The factors which influence the determination of sex are numerous, and come into play at various periods of development, such as the constitution of the parents, the nutrition of the ova and of the spermatozoa, the embryonic nutrition, and even the larval environment in some cases.

By numerous statistics various observers (Düsing, Hertwig, Henson and Sadler) have tried to show that:—

An ovum, which is fertilised soon after liberation from the ovary, tends to produce a female, and the female flowers, which receive pollen as soon as the stigmas are ripe, likewise tend to produce female offspring. The same conditions are said to influence male elements, *i.e.*, when the elements are in the best condition of nutrition, as immediately after liberation females are most often produced, but if they begin to waste or become more katabolic, then males are more likely to result. An attempt has also been made to show that if the male parent is younger than the female, then females are likely to be produced. But I will pass from the consideration of statistics, which are always more or less unsatisfactory, to the firmer ground of experiment.

Claude Bernard considered that the whole problem of evolution was a mere question of the variations of nutrition, and the French zoologist Yung has made some striking experiments upon the influence of this factor in the determination of sex. He found his material in tadpoles, which we have already seen retain the hermaphrodite state for a very long time. He divided the tadpoles into three lots, and estimated the percentage of females in each lot when left to themselves, the proportion of females to males was then found to be respectively 54:46, 61:39, and 56:44 in the three lots. The average number of females was thus 57 in the hundred, or slightly in excess of that of the males. He then fed the first set with beef, and raised the percentage of females from 54 to 78; in the second, with fish, the percentage rose from 61 to 81; while in the third set, when the specially nutritious flesh of frogs was supplied, the percentage rose from 56 to 92. That is to say, in the last case the result of high feeding was that there were 92 females to 8 males. Hence we must conclude there were 36 tadpoles, which in the ordinary course of development would have become males, but which under the influence of exceptionally favourable circumstances of nutrition had their sex changed. It is thus evident as long as the embryo remains hermaphrodite it is possible to change its sex by altering its environment.

Nor are the experiments of Yung upon tadpoles without confirmation in the insect world. Every one knows that of the three classes of inmates of a bee-hive, the drones, or male bees, develop from unfertilised, while the fertile queen bee and the workers, or immature females, are both developed from fertilised eggs. Here the two sexes start on their life journeys from different platforms, but even here we may trace the same difference in the food provided during their larval state. The percentage of water is from one to three per cent. more in the food of the drones than it is in that of the queen and workers. What is the difference which causes one fertilised egg to become a queen and another to develop into a worker? If the food is analysed it is found that the queen receives twice as much fatty material as the workers. Hence, it seems that the fate of a fertilised egg depends upon the quantity and quality of the food.

Royal diet, and plenty of it, develops the reproductive organs of the future queen, while sparser and plainer food retards the sexuality of the future workers, in which reproductive organs do not develop. Up to a certain point, the nurse-bees can determine the destiny of their charge by changing the diet, and this in some cases is certainly done. If a larva on the way to become a worker receive by chance some crumbs from the royal superfluity, the reproductive function may develop, and what are called "fertile workers" to a certain degree above the average abortiveness result, or, in the case of the death of the queen-larva, by direct intention a worker grub may be reared into a queen bee. Thus within the first eight days of larval life the addition of a little food determines all the structural and functional differences between a queen and a worker.

If an addition to nutrition can cause an increase in the percentage of females, a diminution in the amount of food and a consequent production of a more katabolic state of existence ought to produce more males. Let us examine the conditions of the life of the Aphides, or plant-lice, which infest and multiply so rapidly upon our rose trees. During the summer months, when the temperature is favourable and food abundant, generation after generation of females are parthenogenetically reproduced. But the advent of autumn, however, with its attendant cold and scarcity of food, brings about the birth of males, and the consequence of strictly sexual reproduction. If the temperature and supply of food are maintained, for example, in a greenhouse, the parthenogenetic succession of females may be continued for four years, and males only appear when the temperature is lowered and the food supply diminished.

Another interesting experiment has been made upon moths and butterflies, in which it has been shown that, if the caterpillars are shut up and starved before entering upon the chrysalis state, the resultant moths or butterflies were males, whilst others of the same brood, highly nourished, came out females. It is unnecessary to burden you with further examples from the animal world, but a few remarks on the influence of environment upon plants must be added.

It has been noticed that old branches of conifers, or pine trees, overgrown or shaded by younger ones, produce only male inflorescence. Various botanists also assert that prothallia of ferns grown in unfavourable nutritive conditions produce only antheridia (or male organs), and no archegonia (or female organs). In non-sexual plants, such as the dog mercury and lychnis, we find the male plants growing in the unfavourable spots such as shady dells, and the female plants flourishing upon the sunny slopes; and so we must conclude that advantageously nutritive conditions, whether of the embryo or seedling, are sufficient to account for the differences of sex.

If we sum up the case we find that males are distinguished by growths and characteristics which are merely in some cases waste products and in others certainly evidences of an excessive katabolism, whilst females are characterised by storing of reserve material, growth, and inactivity, which are just as surely evidences of anabolism.

And we have just seen that these conditions are brought about by a number of factors, the chief of which is plus and minus nutrition, operating upon parent, sex elements, embryo and even larvæ. Such factors as deficient or abnormal food, high temperature, deficient light, moisture, and the like, are obviously such as would tend to produce a preponderance of waste over repair—a katabolic habit of body—and these conditions tend to result in the production of males. Similarly the opposed set of factors, such as abundant and rich nutrition, abundant light and moisture, favour constructive or anabolic processes, and result in the production of females.

In the second division of the subject we have to try and trace the probable course of the development of sex amongst animal and plant life generally, and show how the higher sexual animals came to be developed from their non-sexual ancestors, the lowly amœbæ or protozoa. The lowest forms of protozoa are simple units of protoplasm with little or no differentiation of their cell-substance into nucleus and cell-plasm; in many it is impossible at present to demonstrate a nucleus even. Yet these lowly creatures show evidences of all the complex phenomena of assimilation, growth, and reproduction, which here occurs in its simplest form of "fission," or division into two equal parts. Hence reproduction is met with even at the very portals of organic life. But why should not a protozoon be content to eat, live and continually increase in size, instead of always dividing when a certain growth is attained? There are certain physical properties and conditions which make it absolutely impossible for it not to divide.

First.—The force of cohesion is only capable of maintaining a certain bulk unbroken; if the size increases beyond this, the force is insufficient, and the viscid droplet of protoplasm divides into two. With each species the co-efficient of cohesion varies, and so the size of the protozoa vary; just as drops of oil, water, alcohol and ether are all of different sizes according to the co-efficient of cohesion of each substance.

Second.—Since the bulk increases by the cube of the diameter, whilst the surface increases only by the square, it is easy to see that since nutriment can only be absorbed at the surface of the protozoon, greater difficulty will be experienced in obtaining a sufficient supply of food in proportion to the increase in size. For example, if a protozoon increases to twice its former diameter, then its bulk will be eight times, and its free absorbing surface only four times its former dimensions, and twice as much work will be thrown upon the absorbent surface, if the organism is to be as well fed as before. If the diameter increased three times, then three times as much food would have to be absorbed by the free surface as before, and so on. A very simple example will show what I mean. Suppose we had to feed a crowd of people with buns from outside, if only a

a dozen or so were present this would be an easy matter; but suppose the crowd was to increase to a few thousands, what would be the chance of a man in the middle ever getting a bun?

Third.—Since the organism does not remain quiescent, there is, of course, an accumulation of waste products in proportion to its activity. These waste products, as well as the indigestible remains of its food, have to be voided at points on the free surface of its body. So that with increase in size it would be more and more difficult to get rid of these waste products, just as the difficulty of arranging for the sanitation of a single house is very slight when compared with that of providing a sanitary scheme for a great city. So that a cell has to divide when it reaches a certain maximum size, or else run the risk of falling to pieces, and of being starved and poisoned. Therefore an organism reproduces its kind, not for the sake of posterity, but primarily for its own safety. If the number of fissions is limited, then the life of the organism must cease. Light is thrown upon this problem, and, in fact, upon the whole theory of sex, by the most interesting researches of the Frenchman, Maupas, upon the ciliata, to which class the paramœcium and vorticella belong. With infinite pains and care, Maupas made cultures from single progenitors, by placing an individual in a drop of water upon a glass slide, and then covering it with a cover-glass, and placing bristles beneath to prevent all pressure. These slides were kept in moist chambers, and loss of water was made good by the addition of distilled water. Under these conditions he found that the infusoria lived and thrived, assembling in a circle just within the rim of the cover-slip, in order to get a supply of oxygen, and not moving about much, when well supplied with food. We can form some idea of the trouble he took over these researches, when we consider that he examined twenty different species, and studied the rate of bipartition and fission in each case, and that some of these ciliata were *herbivorous* and had to be fed with a very dilute solution of starch, whilst others were *carnivorous*, and had to be fed with other smaller infusoria, *e.g.*, cryptochilus nigrescens, which were reared in an infusion of hay, and each drop of food had to be examined microscopically, to ensure its being free from all other forms of ciliata. A fresh drop being taken if any foreigners were present.

It was found that the rate of fission varied with—

(1.) The temperature.
(2.) The quantity.
(3.) The quality of the food,

whilst light and darkness were without influence. It was discovered that exhaustion of the food supply determined encystment, if the culture was of close relations, conjugation when individuals of mixed origin and of suitable age were present. This discovery gave Maupas a ready method of compelling conjugation at any time he desired. His plan was briefly this:—

By starvation he induced conjugation between two individuals from distinct stocks, and then studied the process of fission in one of these individuals, which had just separated from its partner in conjugation, and which he called an "exconjugate." In this way it has been possible to ascertain whether the rate of bipartition increases or diminishes as we recede from the ancestor. He finds that neither change takes place at first, but that the rate is fairly constant for all individuals of a single cycle for a long period, after which it diminishes. The rate in different species varies, but in all cases Maupas noticed that for each species, when the rate of fission diminishes, there is also a difference in the form and conditions of the resulting individuals. The later individuals are often badly formed and ill-shaped: their size is greatly reduced, sometimes to a quarter of their normal lengths: the buccal wreath of cilia is more and more reduced as the stock ages: the nuclear apparatus undergoes degeneration in various ways, rendering fertile conjugation impossible.

In this stage it is remarkable to find that sometimes a sexual "hyperæsthesia" is observed, which induces conjugation between individuals of close relationship with the most disastrous results. For such a conjugation is, of course, sterile, and accelerates the death and disappearance of the stock. Maupas has termed this stage in the cycle *Senescence*, for we see how gradually the stock becomes weaker and weaker, and its efforts to divide more and more feeble, until finally they cease altogether, and the animal of necessity dies. This ultimate death from senescence took place in "stylonychia pastulata," in 316 generations from the exconjugate progenitor.

These results were afterwards completed by showing that the cycle shows from its origin in conjugation to its end in senescence three different stages.

(First.) A stage of immaturity in which conjugation cannot be induced.

(Second.) A stage of puberty is reached after a certain number of bipartitions, and during this second period of "Eugamy" fertile conjugation can be brought about at any time by suitable means, such as starvation. This second stage merges into the

(Third.) Stage of senescence, in which fertile conjugation cannot be induced, and the degenerative changes are commenced, which result in the final death of the stock.

I give below a table showing the duration of these periods in different species, and also the last division or fission which can take place.

	Immaturity lasts for	Puberty commences	Eugamy lasts for	Senescence commences	Death.
Stylonychia pustulata	130 generations or bipartitions	130th generation	40 generations	170th generation	316th generation
Onychodromus grandis	140 " "	140th "	90 "	230th "	——
Leucophrys patula ...	300 " "	300th "	150 "	450th "	660th generation

Referring to this table we see that there is one period —and one period only—lasting for a variable number of generations in different ciliata, during which fertile conjugation can be brought about between two individuals, *i.e.*, the period existing between the commencement of puberty and senescence. And that during the other two periods of immaturity and senescence it is impossible to cause fertile conjugation between two individuals of different stocks, although in senescence it may take place between two individuals of close relationship. Furthermore, Maupas discovered that whenever fertile conjugation took place, both partners of the conjugation, or as he calls them both "exconjugates," began life afresh, *e.g.*, in the case of stylonychia they would both pass through the three stages of immaturity, puberty and senescence, and go on dividing for 316 generations, when the stock would cease to divide by fission, and ultimately die unless a second conjugation was allowed to take place before senescence began. It was immaterial how often conjugation took place, the same result was always observed, that from the last conjugation 316 generations occurred before the final disappearance of the stock owing to senescence. Thus we see that conjugation causes a rejuvenescence of the protozoa, and that without its occurrence the protozoa are no more capable of unlimited division than are the ova and spermatozoa of higher forms; and I maintain that conjugation amongst the protozoa is exactly analogous to the fertilisation of an ovum, for both consist of a nuclear phenomenon accompanied by karyokinesis. After conjugation and fertilisation frequency and vigour of cell divisions is increased. Conjugation alone can save the protozoa species from death, just as fertilisation can save a reproductive cell from the nemesis which awaits the somatic or body cells. During conjugation, the paranucleus divides by karyokinesis into four parts, which are ultimately reduced to two, one of these two daughter paranuclei in each individual passes over to its neighbour there to unite with the stationary or female remainder of the paranucleus. The migratory or male pronucleus is in all cases the one situated nearest the point of union. It is thus the mere accident of position which decides which pronucleus should become the male element and which the female. Thus fertilisation is in its essence independent of sexual differentiation, as is clearly shown by the above studies upon the ciliata, where both individuals of conjugation and both pronuclei are clearly identical. It is highly probable that the conclusions of Maupas may be extended to all classes of the protozoa. There is no species known in which conjugation or its equivalent does not occur, and if it is of such absolute necessity to the ciliata, it is no doubt of the same importance to other classes.

In the very lowest forms of the protozoa, a loose kind of multiple conjugation is known to take place, in which many similar cells flow together and unite to form a plasmodium, as in the familiar "flowers of tan" amongst the mycetozoa. A little higher in the protozoon class we find true conjugation taking place between only two cells, which are still identical, as in the amœba or paramœcium. Here the two individuals separate after conjugation, and each begins a new life cycle. In vorticellæ we notice the first beginnings of the union of two incipiently dimorphic cells. A vorticella, which is the well-known bell-animalcule so common in our ponds, may divide in two different ways. It may either divide into two equal parts, one of which remains attached to the parent stalk, whilst the other develops a row of large cilia by means of which it swims away to settle down in some other spot and produce an ordinary stalked form; or it may divide into eight or more smaller unstalked free-swimming individuals, which have a curious history before them. This smaller free-swimming form swims about until it finds one of the ordinary stalked variety, with which it proceeds to conjugate being itself absorbed during the process. Thus the vorticellæ show the first commencement of the differentiation into two kinds of cells which take part in conjugation, a further resemblance being shown to the fertilisation of an ovum by a spermatozoa in the fact of the absorption of the smaller individual into the larger and more quiescent female stalked form of vorticella. Maupas has shown that starvation will cause the formation of these smaller free-swimming vorticellæ, and hence we see that if the conditions of nutrition become adverse, a more katabolic habit is impressed upon the daughter cells, and so it was most probably changes in the environment which first caused the very beginning of the differences which resulted eventually in sex.

Some of the protozoa form loose colonies of cells, which are connected together by a transparent jelly-like matrix, and in a colony such as Volvox we find that a new colony may be produced by any of the cells of the colony, or in some species by certain cells only, which are set aside as reproductive cells, and which may even produce, in some instances, small individuals exactly analogous to the spermatozoa of multicellular organisms. These small individuals unite and fuse either with the ordinary cells of the colony, or else with special cells which develop at the expense of their neighbours into egg cells. Hence even amongst the protozoa a differentiation into ordinary colony cells, and reproductive cells, is well marked, and places the protozoa on a level with the metazoa in regard to reproduction. It is instructive to notice that the sexual form of reproduction only occurs when nutrition becomes scarce, and that the ova are formed by the storage of reserve material within an ordinary colony cell at the expense of the surrounding cells; if, however, a large number of such reproductive cells begin to develop, they have to compete with one another for food, and this struggle results in smaller, less anabolic, cells, which ultimately become male, and segment into spermatozoa. In nearly all the metazoa this separation of special reproductive cells occurs, and they are sometimes compared to a sexual generation living parasitically upon the asexual generation of somatic or body cells.

If one leaves the protozoa and examines the lowest class of the multicellular animals, viz., the sponges, we find here that although composed of many cells this class still retains the primitive mode of division by fission. There also occurs an asexual method of reproduction by gemmation or budding, as well as a truly sexual method, isolated reproductive cells being formed by the mesoderm cells, but without the occurrence of any reproductive organs or ducts.

In the next class the coelenterates, to which the Hydra belongs, we first come across primitive reproductive organs, which are formed from the ectoderm cells. The ovary consists of a single ectoderm cell, which increases greatly in size, and which is surrrounded by a protective layer of follicle cells, also derived from the ectoderm. Nearer the mouth of the hydra there are generally situated several organs, known as testes, which are developed also from the ectoderm cells by their multiple division into spermatozoa. There are no accessory ducts, and fertilisation occurs by the rupture of the external layer of cells of the testes and the consequent liberation of the spermatozoa, one of which proceeds to unite with the ovum, from which is developed another hydra in the usual way.

An asexual method of reproduction by budding also occurs normally amongst the hydrozoa. The process consists of the growth of a bud which gradually develops tentacles, and all the characteristics of its parent, and then becomes pinched off, and so begins a separate existence. Fission does not occur normally, but should a hydra be cut into two parts by accident each pair may develop a new individual. Thus we see that the simplest mode of reproduction by fission is not confined to the protozoa, but may be traced even into the metazoa, but disappears as we ascend the animal scale, its place being evidently taken by the sexual method. It is of the utmost importance to note that in the class of animals in which we first come across the true sexual method of reproduction, each individual is hermaphrodite and self-fertilising, and produces both ova and spermatozoa, which fact is a strong argument in favour of hermaphroditism being a stage intermediate between conjugation and unisexuality.

In worms, which are the next great phylum of the animal world, we find that most forms are hermaphrodite, but that here a step further has been taken in the evolution of sex, for although they are hermaphrodite, self-fertilisation seldom occurs.

In star fishes and molluscs we find that the sexes are often distinct, but there are few differences between the two individuals except in the reproductive cells. In some molluscs *e.g.*, the European oyster, an individual is male at one time and female at another. And thus briefly and imperfectly we have examined some of the more important stages in the evolution of sex up to the highest forms of animals in which the sexes are distinguished by so many minor structural and psychical differences, that at first sight it seems impossible that forms so different could possibly have had a common non-sexual ancestor.

Time has not permitted the discussion of a sexual and parthenogenetic reproduction; but it seems very evident that parthenogenesis has occurred as a degenerative stage from sexual reproduction, and it cannot possibly have occurred as a preliminary stage in its evolution.

In conclusion, I would emphasise the fact that just as the three stages of germiparity, hermaphroditism and unisexuality can be demonstrated as steps in the embryonic development of the mammals and birds, which orders stand highest in the animal series, so we find that adult protozoa are characterised by the equality of the two partners in an act of conjugation, and that a little higher in the organic world we meet with hermaphrodites, and that it is only at the very summit of animal and plant development that the sexes are distinct. Further, we have seen that the same conditions which favour the development of ova into males, likewise occasioned the first appearance of dimorphic conjugation amongst vorticella and volvox, and that these conditions were such as to produce a katabolic state of the organism exposed to their influence, and that the resulting male organism was generally distinguished by such characteristics as pigments, which are undoubtedly often mere waste products, or in other words evidences of excessive katabolism.

From the Gazette's Special Pathologist.

NOTICES.

C. M., Ilminster.—Reaction strongly alkaline. Sugar and blood absent. Albumen small amount. Microscopic examination of the deposit obtained from the centrifuge shows it to consist for the most part of amorphous calcium carbonate. Numerous crystals of the triple phosphates were noted, also a slight excess of granular leucocytes. No tube casts or renal epithelium could be detected.

W. A. E. W., Rugby.—Tubercle bacilli are present in the sputum in fair numbers.

S. W. McI., South Petherton.—Tubercle bacilli are present in the sputum in fair numbers.

W. G. M., Holborn.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of staphylococci and streptococci. No Klebs-Löffler bacilli could be detected.

Appointments.

Jones, F. Felix, M.R.C.S., D.P.H. Eng., has been appointed Medical Officer of Health by the Llanfyllin Rural District Council.

Paget, Peter, L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the High Halden District of the Tenterden Union, *vice* W. B. Addison, B.A., M.B. Camb., resigned.

Thorp, Sidney, M.R.C.S. Eng., L.S.A., has been appointed Medical Officer for the Fourth District of the Hexham Union.

The Roentgen Rays.

We reproduce below a cutting which has been sent us by a correspondent from a New York paper, which should be interesting to all proselytes of this recent discovery, and especially to those who were fortunate enough to be present at Professor Sylvanus Thompson's address before the Clinical Society last week, when the lecturer detailed his experiences with a tungstate of calcium-covered screen:—

X-RAY SPECTACLES, NOW.

Edison invents a Portable Machine for Surgeons.

With his Fluoroscope over the eyes the Doctor will be able to see the fracture or bullet which he may wish to reach, and thus avoid unnecessary cutting.

Orange, March 25th.—A few weeks ago Thomas A. Edison abandoned fluorescent photography, and since then he has devoted his time in his laboratory at West Orange to searching for means of making X rays assist the naked eye in seeing through solid flesh. He experimented with 1,800 chemicals and minerals until he discovered that tungstate of calcium was the material for his purpose. He found that by covering paper with crystals of the chemical he was enabled to see through the arm and eight inches of solid wood, and that it was also possible to see through three feet of cork, all with the naked eye applied to a roughly constructed apparatus called by him a fluoroscope.

After discovering that tungstate of calcium served as a potential for the X rays, the inventor continued to experiment with that chemical, and this afternoon he stated that he had contrived a portable X-ray apparatus. The new apparatus can be constructed for little money. Mr. Edison intends to show it at an electrical exhibition to be given in New York soon.

The new machine will permit hospital surgeons and physicians to examine an injured limb and to see the interior of the arm or leg while using their instruments in operation, so that no unnecessary cutting or probing will be done.

The new machine consists of a double tube vacuum pump attached to a wooden upright, the exhaust mercury pipe running into a small wooden box alongside the pump, in which the tube is placed. The electric current is furnished from an ordinary battery and induction coil under the box, or in any other convenient place, and the wires leading up through the bottom of the box make it impossible that the surgeon or patient receive a shock. The surgeon would turn on the current and place the part of the body to be operated on across the top of the box with the tube belonging to the apparatus. The fluoroscope would then be fastened over the surgeon's eyes. When placed over the eyes, the fluoroscope looks like a large pair of spectacles without lenses. The outer end of the apparatus is covered with paper coated with the tungstate of calcium crystals. The thin board cover of the box offers no effective resistance to the passage of the rays, and it would be possible for the attending surgeon to make an examination of the injured part at leisure, to ascertain the exact spot of the injury, and to use his instruments with precision in removing a foreign substance or in setting a broken bone.

The tungstate of calcium is made for Mr. Edison by an Orange firm of chemists, and when he secures a new supply of the chemical he will continue work on the large screen or fluoroscope, with which he hopes to be able to see easily through all parts of the head or body. Thus far Mr. Edison has perfected his tubes and fluoroscope to such an extent that it is possible for him to see through the tissues of the arm, leg, or shoulder, and locate every bone clearly.

Whether Mr. Edison will make any money out of his fluoroscope or not is a question. Since he began experimenting with the Röentgen rays he has worked on an average twenty hours a day and has spent thousands of dollars.

Sport.

Association Football.

REVIEW OF THE SEASON.

The Association team has had a somewhat disappointing season, the results hardly coming up to the standard of previous years. In the first place, our card was not a good one, and was very incomplete when the season opened. This defect has perhaps only to be pointed out to be remedied next season. Then as to the team. At the end of last season, and even up to the beginning of this one, our prospects seemed unusually bright. Stamford only of last year's Cup team was unavailable, and though his loss was badly felt, yet there was no cause for despair. Backs seemed unusually plentiful, Carter, Davies, Longhurst, Marshall—a new man—were all thought to be eligible. Lidderdale, too, was expected back. Carter and Lidderdale, however, never played, and Davis only once, and though Longhurst and Marshall did fairly well, yet it was clearly here that we were weakened. At half we had Walker, Hall and Higgins, and with Crosby back after Christmas, had a very fair line. Forward, our great misfortune was losing Fitz-Hugh after the first match, and though he came back for the first Ewell game, he had the roughest of luck in twisting his other knee at the beginning of the Mary's match, and could play no more. His loss for practically the whole season was irreparable. Ford took his place in the centre with fair success, and Thornely, Hall, Walker, Gray, and substitutes filled the vacant berth on various occasions. Of our goalkeepers, Barker, before Christmas and till his knee went, and, latterly, Lavers, have performed excellently. The latter is certainly the most brilliant hospital goalkeeper of the

year, not even excluding the renowned "blues" of Thomas' and University. His displays have been so wonderfully consistent that it is hard to spot his best performances, though special mention might be made of the Mary's, first Ewell and St. Albans games.

Turning now to actual results, reference to the completed card shows that in all 23 matches have been played, of which 11 have been won, 8 lost, and the remaining 4 drawn. The goal average is also on the right side, being 62 for and 47 against. At Christmas our record was—played 12, won 8, lost 3, drawn 1; goals for 39, against 28, so that it can easily be seen that the falling-off took place after Christmas, and between February 2nd and March 20th we did not win a match, the record for the half season being—played 11, won 3, lost 5, drawn 3, the solitary win over Bexley in the last match of the season being the only bright spot on the last portion of our programme. The best performances were perhaps our games with Eastbourne, Beckenham, and the first match with Ewell, in which we drew with them, though playing with only ten men for most of the game, and with a scrap of luck would have won. In the Hospital Cup Tie, Mary's knocked us out in the first round, the margin being three goals to none against us, the reason for our bad show being no doubt too fresh on the reader's memory to need repeating.

As to individual play, Lavers has been mentioned, and Barker should next year worthily fill his place, as he did for the first half of this season. Longhurst was the best of the backs tried, and has come on a lot. Marshall, with care, ought to do well, and is fast, though this season he has hardly maintained his earlier form. Hall has been the most consistent of the halves, and Higgins well deserved his blue, as he was always keen and worked hard. We are very glad to see he is now about again after his lengthy lie up. Forward, Mandy and Palmer on the right have usually played together, and showed best form. Ford, in the centre, was good at times, but seems to rather lack energy and keenness, Humphrey was the best forward we had. Thornely has much improved, and was rather unfortunate in not being chosen in the Hospital Cup Team, though Fitz-Hugh's return put it out of the question. However, he played in some of the Surrey games, and notably in the Reigate match showed good form. Better luck next season.

		RESULTS.		For.	Agst.
Oct.	12.	Weybridge	Lost ...	4 ...	8
	19.	Old Wilsonians... ...	Drawn...	3 ...	3
	26.	Beckenham	Won ...	2 ...	1
Nov.	2.	St. Margaret's	Won ...	5 ...	0
	9.	Kingston (Surrey Cup)	Won ...	3 ...	1
	13.	Chatham...	Lost ...	2 ...	9
	16.	Eastbourne	Won ...	2 ...	1
	18.	Eastbourne College ...	Won ...	5 ...	0
	23.	Bexley	Won ...	3 ...	0
	30.	Reigate Priory (S'ry Cup)	Lost ...	3 ...	4
Dec.	7.	Cheshunt	Won ...	3 ...	0
	14.	Idlers	Won ...	4 ...	1
Jan.	11.	Croydon Park	Won ...	3 ...	0
	18.	Volun. Med. Staff Corps	Drawn...	1 ...	1
	25.	Idlers	Lost ...	1 ...	3
Feb.	1.	Beckenham	Won ...	8 ...	1
	8.	Ewell (S'ry Charity Cup)	Drawn...	2 ...	2
	11.	St. Mary's (Hosptl. Cup)	Lost ...	0 ...	3
	13.	Eastbourne	Drawn...	0 ...	0
	22.	Ewell (S'ry Charity Cup)	Lost ...	0 ...	3
	29.	St. Albans	Lost ...	0 ...	1
Mar.	14.	Park Grove	Lost ...	3 ...	4
	21.	Bexley	Won ...	5 ...	1

Lavers and Fitz-Hugh will be unavailable next season. The following have been recommended for their "Blues" for this season:—Palmer, Ford, Hall, Higgins, Longhurst and Marshall.

Rugby Football.

The "Rugger" Nines, which were played for the first time this year, ended in a win for Gardiner's team. Although no extraordinary new talent was unearthed several men who ought to be very useful for the second fifteen next year were discovered.

The first round was as follows:—

1. Goddard's IX. beat T. Morgan's by two tries to a goal. This was rather a lucky win, as the last try was scored just on time.

2. Gardiner's IX. beat Tyson's by two goals and two tries to nil. Tyson's team started favourites, but were unexpectedly beaten, the winning team being too good for those outside.

3. Gibson's IX. beat Dudgeon's by a try to nil. This produced the best game of the whole series, there being a nearer approach to football than in any other. The teams were very evenly matched.

4. Hunter's IX. beat Bagshawe's by four tries to one try. Rather an easy win; Hunter's team being better all round.

Second round:—

1. Hunter's IX. beat Goddard's by two goals and one try to four tries. A decidedly lucky win for Hunter's team. The substitutes did well for each side,

2. Gardiner's IX. beat Gibson's by a goal to nil. This was another very good game, there being very little to choose between the two teams.

Final:—

Gardiner's IX. beat Hunter's by three goals and one try to one goal and one try. Hunter's team played up well in the first half, but later on fell to pieces.

Guy's Hospital Lawn Tennis Club.

The following were elected officers for the season at a General Meeting of the above Club on March 31st:—President: W. Arbuthnot Lane, M.S. Vice-President: J. W. Washbourn, M.D. Captain: A. B. Carter. Hon. Sec. and Treasurer: A. S. J. Pearse. Committee: A. V. Clarke, A. J. Cleveland, C. E. Michael, A. E. Porter, N. Williams, T. L. Jackson.

Births.

BURGHARD.—On March 20th, at 46, Weymouth Street, Portland Place, W., the wife of Frederic F. Burghard, M.S., F.R.C.S., of a son (stillborn).

CLOWES.—On March 31st, at Coggeshall, Essex, the wife of William F. A. Clowes, M.R.C.S., L.R.C.P., of a son.

PYE-SMITH.—On March 29th, at 48, Brook Street, Grosvenor Square, the wife of P. H. Pye-Smith, M.D., of a son.

Death.

NISBETT.—On March 18th, at his residence, Overcliffe, Gravesend, Robert Innes Nisbett, M.R.C.S. Eng., L.S.A., in his 70th year.

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Notice.

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Guy's Hospital Gazette.

APRIL 25, 1896.

On the Operations for Hip Disease.

CLINICAL LECTURE BY MR. HOWSE.

(*Concluded from page 104.*)

What could we do for this boy? Taking all the circumstances into consideration, I decided to amputate the limb by the Furneaux-Jordan method. As we all know, this is a method of amputation at the hip-joint which removes the whole limb at one operation. Hence we have now to consider the question with which this lecture originally started—why did I choose this operation? Why did I not give this boy the advantages arising out of the "piecemeal operation," if I believed in the reality of these advantages? The answer naturally is that I did not consider this a suitable case. The advantages obtainable from the piecemeal operation were little likely to be realized in this patient; on the other hand, the boy was in a sufficiently good state of health to stand well the shock of the Furneaux-Jordan amputation. It was a case likely to make a good recovery, and thus all the operative proceedings would be completed at one sitting.

What then are the cases for which the piecemeal operation is suitable? Those of you who may be interested in this question will find in my paper in the Medico-Chirurgical Transactions (Vol. 76), full details in answer. But I propose to state here, as briefly as I can, the considerations which lead me to choose this operation in suitable cases. First of all, let me call your attention to the title of the above-mentioned paper, because it marks well that it was only for exceptional cases that I proposed this mode of treatment. The title is, "On the advantages of an amputation through the thigh, either as a preliminary operation to, or, in some cases, *instead of*, amputation through the hip, where the hip-joint is itself diseased, and the patient in very bad condition." I quote this, because at the discussion afterwards it was assumed by one or two of the speakers that I was proposing amputation through the thigh as a routine treatment for all cases of morbus coxæ! Naturally nothing was further from my mind. And the assumption itself seemed to me to indicate great carelessness and inattention on the part of the speakers.

The first condition calling for the piecemeal operation concerns the state of the patient. When he is in such a state of health that an immediate amputation at the hip-joint would almost inevitably prove fatal from shock, we clearly are justified in proposing such a modification of the operation as would avoid the fatal ending. It is a well ascertained fact in surgery that amputations involve greater risk to life the nearer to the trunk they are performed. Thus, an amputation through the lower third of the thigh is less dangerous than an amputation in the upper third, and much less dangerous than an amputation at the hip. Hence, if we can produce the same curative result by amputating through the thigh instead of through the hip, we shall be justified in adopting the less dangerous operation. This we can do in properly selected cases. The first case narrated in the paper already referred to, is a very striking illustration of the truth of this proposition. A boy at the last extremity from tubercular osteitis of the tibia and fibula, with ankle-joint involved, profuse discharge from the bones and joint, a large bed-sore over the sacrum, extremely emaciated, with high fever, and with some signs of commencing hip-joint disease on the same side, is evidently a patient in whom it would be highly dangerous to perform amputation at the hip-joint. In fact it was the opinion

of all who saw him that he could not possibly survive the hip-joint operation. Nevertheless, it was absolutely necessary to take away the mass of diseased tissue below the knee, in order to give him a chance of life. I proposed, therefore, amputation at the knee, hoping that the hip-joint would quiet down after the operation, and thus his life be spared. The result in great measure justified my anticipations. The limb was removed by a Stokes-Gritti amputation, and after it the fever ceased; he began to eat and sleep; nutrition improved, and the bed-sore in great measure healed. The hip-joint itself seemed for a time to improve, but subsequently there was a relapse, and the temperature again began to rise. It was then found that the hip-joint was suppurating. It had in fact gone too far on the downward course to be capable of recovery, even when placed in the most favourable position. The alternative treatments then open to us were—(1) excision; (2) amputation at the hip-joint. He was now so much improved in health that he would bear either of these operations. I chose the excision, and the case did excellently. The femur united strongly to the pelvis; the wound entirely healed, and subsequently he had an artificial leg fitted on the long stump of the femur remaining to him. That boy is now a schoolmaster, active, and, according to all accounts, doing excellent work in his profession.

Let us compare this result with what it would have been, supposing amputation at the hip had been done either primarily, or when the suppuration of the hip showed itself. In the first case the end would almost certainly have been fatal. But even supposing that he had been able to pull through, he would have recovered with the *whole of the limb* removed, whereas in the actual result he recovered with the major part of his thigh preserved. The result was in fact just the difference between an amputation through the thigh and one at the hip-joint—a difference enormous for the patient. Very few of you appreciate how great this difference is. In the old flap amputation at the hip, the patient was left without any stump at all. The instrument makers found immense difficulty in fitting any useful artificial limb to such patients, and often they went without one, walking (with great dexterity it is true) with one crutch and one leg for the rest of their lives. Since the introduction of the Furneaux-Jordan method, the patients have a stump upon which an artificial leg can be fixed. This stump is, however, principally composed of muscle and connective tissue. It rarely contains more than a few bony spicules and plates from the detached ossifying periosteum, and is altogether a very different structure to the stump in which the femur is left untouched. Hence I think I am justified in claiming this case as a triumph of conservative surgery. By this method we saved his life, we saved his thigh, and enabled him to wear an artificial leg, so as to become an exceedingly useful member of society.

But why was there this great improvement in his condition after the amputation? Most people would account for it by pointing to the vast mass of suppurating and diseased tissue removed by the operation, and no doubt much is due to this cause. I think, however, that there are other reasons for the improvement. The mere removal will not account for the improvement which took place in the condition of the hip-joint directly after the amputation. Still less will it explain the improvement in some of the other cases to which I must refer. Thus, in one case there was disorganisation of the left hip-joint; excision was performed, but no improvement followed. The child was going rapidly downhill, when I removed the leg by a Stokes-Gritti amputation. Great improvement of the general health followed; the excision wound healed up, and she gained flesh, so that she left the Hospital, to all intents and purposes, well. In this case the improvement cannot be attributed to cutting off a mass of diseased or suppurating tissue. The portion of the limb removed was quite healthy, and the suppurating tissue was left behind.

I have always attributed the improvement in these cases to two causes. The first of these has become technically known to most Guy's students under the term "shortening the lever." By this we mean that when we amputate at or near the knee for hip-joint disease, we shorten the limb, which works on the hip-joint as a fulcrum. The lever being thus shortened, its weight is greatly decreased; the irritation which its movement excites in the joint is correspondingly diminished, and it becomes easier for the muscles around the joint to keep this shortened limb entirely at rest, by passing into a state of muscular spasm. It is well known that in nearly every case of hip-joint disease the muscles more or less fix the joint, and thus keep it at rest, by muscular spasm, so that it is often difficult to say whether a joint is ankylosed or not until an anæsthetic is given, and the muscles allowed to relax. But the fixation of a whole limb by muscular spasm is very much more difficult than the fixation of a part, *i.e*, the shortened limb. Most of you

know that if you have to treat a case of acute disorganisation of the hip-joint, every movement of the patient in bed, which causes the slightest strain on the hip-joint, leads to great pain in that joint. This is because the muscular spasm is insufficient to fix the limb in its entirety. But if the limb is shortened by amputation at the knee, the same degree of muscular spasm is more than sufficient to fix the stump absolutely, thus giving the joint the better chance of repair. Moreover, we must admit that the amount of muscular spasm required to fix the whole limb is itself an exhausting element in the case. And that when the limb is shortened, so much less muscular contraction is required, that there will be a corresponding lessening in muscular exhaustion.

Nothing can be more striking than to see the result in actual practice. I have had cases with progressive morbus coxæ put up in double splints, and yet getting rapidly worse, crying out at the slightest movement of the splint, with starting pains at night preventing sleep, and rapid emaciation, with hectic. The same patient has had the limb amputated at the knee, and in a very few days he finds that he needs no splint, that he is able even to turn in bed without pain, that he can sleep and feed, so that he rapidly gains flesh. I believe that part of this result is due to the more perfect fixation of the hip by the muscles, and to the less exhaustion of the muscles by so much less force in contraction being needed to obtain the same result.

Part of the result, however, is due to another cause, the second cause mentioned above. This is the removal of a certain amount of normal tissue. We may look upon the limbs as so much blood-using-up tissue, while the viscera may be regarded as so much blood-producing tissue. If we have only feeble visceral power, the amount and quality of the blood produced will be insufficient for the needs of the blood-consuming part of the machine, *i.e.*, mainly, of the voluntary muscles of the limbs; and hence the work will be badly done. But if we now diminish the amount of the blood-consuming tissue, the blood-producers and blood-consumers will be more equally balanced; the work will be better done, and in the result blood of better quality will be produced, thus bringing about general improvement in the patient's health.

I have often been asked upon what ground I rest this statement. In answer, I say that it seems to me impossible to explain the great improvement which takes place in certain cases without a recognition of its truth. Case 1, in the paper already referred to, seems to me impossible to explain without it. In this case we have a boy who develops disease of the left knee. The joint is excised, but only does moderately well. Afterwards tubercular disease of the right hip-joint (the opposite side to the knee-joint disease) shows itself, and gradually develops. With it there was a recrudescence of disease in the knee. The boy rapidly emaciated, and the very worst result was likely, unless something could be done to arrest his downward progress. It was clearly useless to excise the affected hip-joint. One limb must be sacrificed, and after consideration I decided to sacrifice the excised knee. Amputation was accordingly performed in the lower third of the left thigh. The result surpassed all our expectations. Great improvement of the general health took place; the stump healed, and he gained flesh and weight. A month after the amputation all pain in the hip had gone. He was kept in the Hospital for three months longer, and left apparently well. The disorganisation of the hip, however, must have gone too far for complete recovery, for he was re-admitted a twelve-month later with some return of disease in it. His general health and condition, however, remained good, so I then excised the hip, and he did well. I saw this boy many years later. Nothing could have been more satisfactory than his condition at that time.

In this case, where the amputation was *on the opposite side* to the morbus coxæ, it is impossible to attribute the good result to "shortening the lever." The only possible explanation seems to me to be the one I have advanced.

To sum up then. The cases in which the "piecemeal operation" is advisable are:—

(1) Those in which the patient is so ill that immediate amputation at the hip-joint would probably bring about an immediately fatal result, whereas an amputation further from the trunk might be better borne.

(2) Cases in which the performance of the piecemeal operation may very probably lead to the saving of some portion of the thigh, to which an artificial limb can be much better attached, than to an amputation at the hip.

It is clear that the boy, the subject of this lecture, did not come under the first heading. He was not "in extremis;" he bore the amputation at the hip-joint well, and made a very satisfactory recovery.

It may be asked, however, whether he does not come under the second category. Would it not have been possible to save for him some

portion of a useful stump by doing the piecemeal operation? I think not, though it must be admitted that this question is a more difficult one to answer positively. It will be remembered that the excision had been done many years previously, that the bone had never united to the pelvis, and that at the time of the amputation it was lying bare, high up on the dorsum ilii, and covered by very little tissue except the skin. I do not think this piece of bone would have been in any way useful as a bearing point for an artificial leg. For such stumps to be useful they must be more or less united to the pelvis. If we had done the piecemeal operation, we should in all probability have had to remove the remains of the femur by a second operation later on. Whereas he bore the removal of the whole limb perfectly well at the first operation. We, therefore, saved him a second operation.

According to the view I at present entertain, I think that, to save a portion of the limb capable of bearing the pressure of an artificial limb, the excision must have been recent, *i.e.*, either just before, or only very shortly after the amputation of the leg. I am not, however, absolutely certain about this. The number of cases upon which my opinion is founded is necessarily small. It may be left to some of you to confirm or refute my opinion upon this point.

A Case of Acute General Peritonitis,

Together with Remarks on the advisability of Operation for Inflammatory Conditions arising in connection with the Vermiform Appendix.

CLINICAL LECTURE BY DR. W. HALE WHITE.

Mary H., æt. 22, was admitted on January 17th, 1896, for abdominal pain and distension, with much collapse. On enquiring into the history, we found that her health was usually good, but that two years ago she had pains in the abdomen, and was very queer for a month. Every now and again since she has complained of similar pains.

The present illness began a fortnight ago with internal pains. These were very severe, and were always referred to the right iliac region. She was very sick for the first three or four days, and since then the nausea has been so marked that she has only been able to take a very little milk. The pain was so bad that she went to bed, but as in three days she was no better, she got up and walked to see a doctor, who ordered hot fomentations. She went back to bed, and has remained there almost constantly, only getting out occasionally. No doctor has been attending her. Her bowels have been constipated during the illness, and consequently she has frequently taken purgatives. The bowels were open last on the 16th instant. The pain has gradually got worse, and has spread over the whole abdomen. On the day of admission she walked up to the Hospital, about a third of a mile from her house. The journey took her two hours.

On admission.—She is much collapsed. Her hands are cold and clammy; her face pale, with bright eyes. Her pulse is small, soft, and rather running, 120. Her temperature was subnormal when she was first seen, but after she was put to bed and made a little warmer, it was 101·2. The tongue was slightly furred and rather dry. The abdomen was uniformly and considerably distended. It was so tender that little could be made out on examining it, but it was resonant all over, except for an area of dulness in the right iliac fossa, and here the resistance was, if anything, more than elsewhere. The breathing was shallow, quick, and entirely thoracic. On examining per vaginam, a considerable resistance could be felt in the region of the right broad ligament.

We ordered a grain of opium every two hours for the first six hours, and after that it was given as often as was necessary to keep her thoroughly under its influence. Hot fomentations were applied to the abdomen, and she was ordered two ounces of milk every hour. At night she was much troubled by a hacking cough, which was unaccompanied by any expectoration.

January 18th. This morning she is cold, sweats considerably, and is still in a collapsed condition. The pulse is rapid, small, feeble and running, so half a teaspoonful of brandy was ordered every two hours, and this was in the afternoon increased to a teaspoonful and a half. The temperature in the early morning again fell to subnormal, but in the afternoon it rose to 101. The abdominal pain and tenderness are much less, and she remains quiet, but the distension is unaltered. In all respects she became worse as the day went on, so strychnine was given subcutaneously, and in the afternoon, as continuous vomiting began, feeding by the mouth was stopped, and she was fed per rectum with enemata and nutrient suppositories, and the morphia was given subcutaneously.

19th. The patient is still very collapsed. This morning her temperature was 96, and the pulse was so weak that it could hardly be counted. In the afternoon she was very restless, and the vomiting was very frequent; the stomach was washed out, and after this the vomiting stopped. It was directed that she should have no more morphia. She sank and died about 8 p.m.

When we first saw this patient, the history of abdominal pain, tenderness and distension, the vomiting, and the constipation, pointed to acute peritonitis. When we examined her, the uniformly distended immobile tender abdomen confirmed this view, which well accorded with the state of the pulse, her furred tongue, the reflex cough, and her expression. Just as there are two varieties of severe acute pleurisy or pericarditis, namely, those in which there is a large amount of lymph, and little or no fluid, and those in which pus is more marked than lymph, so you meet with severe acute general peritonitis, in which there is a large amount of thick lymph binding all the intestines and organs together, although but little fluid is secreted, and severe acute general peritonitis, in which there is not much lymph, but a large quantity of pus, which always contains numbers of micro-organisms, most of which are bacillus coli communis. These two varieties merge one into the other, but in extreme cases the distinction is well marked. It appeared probable that here we had a large amount of lymph with very little fluid, for not only were there no physical signs of fluid, but acute suppurative peritonitis in a person in previous good health, is usually due to the perforation of some viscus, and then the patient is taken seriously ill with severe pain, and hardly ever lives a fortnight. In passing we may notice that often when suppurative peritonitis terminates a long standing disease, in which the patient is very weak, as for instance, when it follows perforation at the end of a long attack of typhoid fever, or perforation in the course of malignant disease of the bowel, its presence may be quite unsuspected during life. During the last year there have been three or four instances of this in my wards. Having decided that this patient had acute general peritonitis, which was chiefly non-suppurative, we next had to think of the cause of it.

In women, the three common causes are disease of the pelvic organs, disease of the vermiform appendix and a perforated gastric ulcer. We quickly put the last out of court for there was no evidence of it. The onset of the disease was not sudden enough, and the local signs in the right iliac fossæ pointed to one of the other causes. The dulness and increased sense of resistance here, together with the patient's statement that she first felt pain in the right iliac region pointed to a peritonitis, at first local, and soon becoming general, which had taken its origin in the appendix. The thickening felt in the neighbourhood of the right broad ligament made us, however, hesitate, for it was difficult to say whether the peritonitis had taken its origin in the structures in the right half of the pelvis (probably the Fallopian tube), and had spread chiefly in the direction of the right iliac fossa, giving the signs there, or whether the trouble having started in the appendix, had spread downwards into the pelvis so that it revealed itself on examination of the vagina. On the whole, we thought that the history of previous attacks rendered appendicitis the more likely of the two.

I have met with three or four cases in women in which the diagnosis between the two conditions gave rise to great difficulty. For instance, only quite recently I have seen a case in which the fact that an attack of appendicitis occurred about the time that a patient miscarried led to a wrong diagnosis, as some thickening could be felt on vaginal examination. I have also seen a case in which appendicitis led to an abscess in Douglas's pouch, which burst into the rectum, and I know of an instance in which after a severe attack of appendicitis the vermiform appendix became adherent to the ovary, with the result that at each menstrual period the patient had a severe attack of pain and rise of temperature, nearly resembling the first attack of appendicitis. Dr. Cullingworth has recorded (*Lancet*, July 9, 1892), a case in which suppuration in the ovaries was due to contamination from an inflamed appendix; and Osler refers to the difficulty of diagnosis.

As soon as we had come to the conclusion that this woman had acute peritonitis the question presented itself, should we operate. We decided not to do so, for the following reasons:—

Operations in the early stage of peritonitis soon after the perforation of a gastric ulcer have often proved successful, but with this exception, laparotomy for acute peritonitis is one of the most fatal operations in surgery. It would certainly not have been justifiable in the present case; the patient was cold, collapsed, and almost pulseless from the very beginning. Then, too, you will remember that we thought this patient had chiefly plastic peritonitis,

without much pus. Now, this is the only variety of acute general peritonitis that can recover under medical treatment, therefore, slight as was her chance of recovery, it was clearly better without an operation. The acute suppurative form is necessarily fatal, if left to itself; therefore, if the diagnosis renders this quite certain, and the patient is in such a condition that you think she may survive the cleansing of the abdominal cavity, as this is the only way life can be saved, you may try it; but remember two things—you must tell the friends that it is one of the most fatal operations in surgery, and you must be absolutely sure you are dealing with the suppurative and not the plastic form, in which the patient stands a better chance without operation, and the adhesions render it almost impossible to cleanse the cavity. I have never seen a hospital patient suffering from acute suppurative peritonitis whose condition was good enough to make it justifiable to try, but on three occasions in private practice, the patient, having been well treated from the beginning, the attempt has been made to save life by washing out the peritonæal cavity; all three were fatal.

If in a case of peritonitis you decide not to operate, you must give plenty of opium. I never saw too much given. The best way is to give a grain of opium in the form of a pill every two hours till the pupils are gently contracted, and then diminish the dose so that you keep the patient in this condition till the symptoms begin to subside. Be guided by the pupils rather than the respiration, for the peritonitis alone often makes this difficult. Never mind the constipation; the quieter the bowels are the better. When the patient is well again a simple enema will overcome this. If she is sick you should discontinue the opium and give morphia subcutaneously—in fact, many people prefer this to opium; but it always seems to me that some other of the constituents of opium may be doing good for aught we know. It is often very useful to combine a quarter of a grain of extract of belladonna with each grain of opium. It helps to keep in check the disagreeable symptoms of restlessness and vomiting which opium produces in some people. Thin flannels wrung out in hot water frequently applied to the abdomen often relieve the pain in it, which may render it necessary to use a cradle to keep off the weight of the bedclothes. The vomiting may be very troublesome, and you will find that very little reliance can be placed upon the drugs which are commonly recommended for it. If such of them as you choose to try do not speedily give relief, you had better wash the stomach out. In both the two last cases of peritonitis I have had under my care this has stopped the sickness.

Not much food should be given by the mouth; an ounce of milk every hour or half hour is quite enough, and if the patient is sick you must use enemata. Before beginning these, wash the rectum out with a few ounces of water at 100° F. From four to six rectal feeds in the twenty-four hours are enough; the first and third and fifth should be a nutrient enema. The egg-and-milk enema of our pharmacopœia is a good one, or you may take the yolks of six eggs, a drachm and a half of common salt, rather less than the same amount of pepsin, and seven fluid ounces of a 0·15 per cent. solution of hydrochloric acid. Keep the mixture in a warm chamber for ten hours, and use four fluid ounces for each enema. The second, fourth and sixth feeds should be a nutrient suppository; those with a digestible basis are better than those having a basis of cocoa butter.

So much for the diagnosis and treatment of our case. We found at the post-mortem that she had acute general peritonitis, chiefly plastic, for there were only a few ounces of thin pus, but everywhere there was much thick lymph, especially in the region of the cæcum, where it formed a great thick mass hiding the cæcum, and making it difficult to find the appendix, so that at first sight we thought this organ had been the cause of the mischief, but it turned out to be quite healthy, and we found that there were several abscesses in the broad ligaments, from which the peritonitis had spread, in the first place, up to the cæcum, and that later it had become general. The structures in the broad ligaments were so distorted that it was very difficult to make out their relationship, but there was every probability that the trouble began in one of the Fallopian tubes.

This seems a convenient opportunity for the discussion of the question of operation in cases of perityphlitis, or appendicitis, as it is often called. Three conditions may require operation —(*a*) acute general peritonitis, which we have already discussed. This occurs in less than 10 per cent. of all cases; (*b*) abscess, which also occurs in less than 10 per cent.; (*c*) relapsing cases.

If any case of appendicitis the temperature remains up after the end of the fourth or fifth day, and the patient has not got general peritonitis, you should always suspect abscess, which is especially met with when there has

been a very large amount of dulness and thickening in the cæcal region. The other signs are those which indicate an abscess elsewhere, such as a rapid pulse, furred tongue, irregular temperature, and rigors, together with, perhaps, local signs, such as a definite painful swelling, which becomes tender; but often from the general signs you may fairly conclude there is pus before the local have become marked, and you ought generally to make it out before redness, œdema of the skin and definite fluctuation have appeared. The commonest seat for the abscess is just over the cæcum, but the pus not rarely travels upwards and backwards to the region of the kidney, and many cases of right-sided perirenal suppuration owe their origin to the vermiform appendix. I was able to show you an instance of this about a year ago. The pus may even travel up behind the peritonæum, and through the diaphragm into the pleura, where it sets up an empyæma. A case illustrating this was in the Hospital under my care some time ago. Indeed, the appendix is so variable in length and direction, that it is a good general rule to remember this organ whenever you have to deal with any suppuration within a radius of six inches from the cæcum. I have known an abscess starting in the appendix, to present between the liver and stomach, here the tip of the appendix lay close to the pancreas, also I have seen it present at Poupart's left ligament, and in another case it pointed through the right saphenous opening, and I have already referred to the instance in which it burst into the rectum. If you bave made up your mind that there is an abscess, you must, if you can get at it, evacuate the pus and remove the appendix. This may be very difficult, and it may require most careful packing to prevent the pus from escaping into the peritonæal cavity. This happened in this case, in which the abscess presented between the liver and stomach, and also in that in which it appeared, near Poupart's ligament on the left. In each case the patient died.

The other condition for which operation may be required is relapsing appendicitis, in which it is often desirable to operate in between the attacks to prevent their recurrence. More than 80 per cent. of all cases neither develop general peritonitis nor abscess, and get over their attack without much difficulty. These cases are for the most part mild; there is probably some catarrh of the appendix, with a little local peritonitis around it, but this may be very slight. I have seen an appendix which was quite thick and rigid from repeated attacks of catarrh removed, and there was no appreciable local peritonitis. In a few cases there is an ulcer in the appendix due to an impacted mass of hard fæces, and in excessively rare cases a foreign body lodges there and forms an ulcer. There is in the museum a grain of wheat which I found in an appendix. Taking all these 80 per cent. of the cases together, at least one in every four—I think the proportion is probably much higher—will have one or more other attacks in each of which he may be one of the 10 per cent. who get acute general peritonitis, which is almost certainly fatal if suppurative, and probably fatal if plastic, or one of the 10 per cent. who get an abscess, and nearly half the cases of abscess die. Further, each attack is painful, and then compels the patient to stop away from his work, a matter of great importance if he is a wage earner. Against these facts, you have to balance the fact that each attack gets less and less severe as a rule, and in each attack there is less chance of general peritonitis than in a previous attack, for in each attack the local peritonitis shuts the appendix off more completely from the general peritonæal cavity. Then, too, the appendix is so variable in position that the surgeon may fail to find it. I have seen an instance of this quite recently, or it may be so bound down by adhesions, that it cannot be removed. Lastly, although the operation is now so perfected as to be one of the safest in surgery, yet no laparotomy is quite free from risk.

If your patient is an intelligent person it will be your duty to put these facts before him, and to be guided by his age, his general condition, and his occupation, but you should usually advise operation if each successive attack is becoming more severe than the last, if each attack prevents the patient from following his occupation; if the previous attack was so severe as to endanger life, and if the interval between the attacks is getting shorter. If you do not operate you will give opium in sufficient quantity to relieve pain and keep the bowels constipated. Leeches or hot fomentations may be applied to the cæcal region, small quantities of milk should be given at frequent intervals, and the patient should be kept in bed on his back until at least ten or fourteen days have elapsed since the temperature became normal and the pain disappeared.

Lastly, remember that there are few diseases about which more mistakes are made. I have several times known appendicitis said to

be intestinal obstruction; twice I have seen it called typhoid fever. I have known it called perinephritic abscess, femoral hernia, muscular rheumatism, chronic constipation, pelvic cellulitis, ague, indigestion, and many other common things.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary 6. Aneurysm of aorta. Aortic regurgitation.
16. Adherent pericardium. Mitral regurgitation.
44. Pericarditis. Mitral stenosis and regurgitation. Aortic regurgitation.
46. Mitral stenosis and regurgitation.

Philip 12, 16. Mitral regurgitation.
21. Aortic stenosis and regurgitation. Mitral regurgitation.
23. Mitral regurgitation. Bronchitis.
30. Left hemiplegia.
33. Aortic stenosis and regurgitation. Iodide rash.

Stephen 16, 22. Mitral regurgitation.
20. Aneurysm of thoracic aorta.
36. Mitral stenosis and regurgitation. Tricuspid regurgitation.
37. Aortic and mitral stenosis and regurgitation.

Nervous System.

Mary 11. Ataxic paraplegia.
25. Chorea.

Philip 3. Sciatica.
4. Paraplegia. Carcinoma of vertebræ.
9. Chorea.

Stephen 9. Chorea.
11. Muscular atrophy. Peripheral neuritis following typhoid fever.
35. Locomotor ataxy. Perforating ulcer.

Alimentary System and Abdomen.

Mary 2, 9, 35. Gastric ulcer.
4. Ascites. Pleuritic effusion.
13. Appendicitis.
18. Jaundice. Enlarged liver. Distended gall-bladder.
20. ? Tuberculous peritonitis.
22. Ovarian cyst.
26, 32. Carcinoma of stomach.
38. Carcinoma of liver.
45. Cirrhosis of liver.

Philip 2. Carcinoma of liver.
18. Hæmatemesis. Cirrhosis of liver.
25. Tuberculous peritonitis.

Stephen 2. Enlarged liver and spleen. Cirrhosis of liver.
6. Enlarged spleen. Anæmia. Leucocytosis. Retinal hæmorrhages.
27. Ascites. Cirrhosis of liver.

Respiratory System.

Mary 7. Phthisis. Tuberculous arthritis of right wrist.
27, 31. Phthisis.
33. Broncho-pneumonia.
36, 37. Chronic bronchitis.
40. ? Basal phthisis.

Philip 40. Phthisis.

Stephen 7, 12. Bronchitis.
8, 23, 28. Phthisis.
13. Pleurisy.

Genito-Urinary System.

Mary 5. Tubal nephritis.
21. Chronic nephritis.
23. Diabetes mellitus.

Philip 7. Chronic tubal nephritis.
34. Tubal nephritis.

Stephen 4. Diabetes mellitus.
15. Acute nephritis.

Miscellaneous.

Mary 1. Late rickets.
12. Pregnancy.
14. Eczema.
15. Erythema nodosum.
34, 43. Acute rheumatism.

Philip 22. Osteo-arthritis.
27. Lupus erythematosus.
29. Scurvy.
32. Mycosis fungoides.

Stephen 40. Gout.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman 9. Irreducible inguinal hernia.
12. Congenital syphilitic osteitis.
14. Epithelioma linguæ.

Charity 3. Ovarian tumour.
13. Imperforate anus at birth. Communication with vagina. Operation for restoration of anus. Fæces still passed mainly per vaginam in a patient of 28 years.
18. Sarcoma of foot.

Cases under Mr. Davies-Colley.

Cornelius	5, 7.	Fractured patella.
	6.	Concussion of spine.
	13.	Fractured ribs. Emphysema.
Lydia	4.	Acute epiphysitis.
	6.	Fractured jaw. Wound of tongue.
	Cot.	Greenstick fracture of femur.
	Cot.	Rachitis. Curved tibiæ.
	Cot.	Hare-lip.
Luke	1.	Irreducible inguinal hernia.
	5.	Infantile paralysis. Talipes equino-varus.
	12.	Enlarged prostate. Hydrocele of tunica vaginalis.
	13.	Enlarged prostate. Retention.
	14.	Swelling lower end of thigh. ? Gumma, sarcoma, &c.

Cases under Mr. Lucas.

Job	20.	Genu valgum. Flat floot.
	24.	Appendicitis, recurrent. Removal of appendix.
Charity	23.	Acute arthritis of elbow-joint.
	Cot.	Ankylosis of elbow-joint.
Lydia	10.	Varicose veins.
	11.	Old disease of knee. Flexion with displacement backwards and rotation outwards.
	13.	Congenital talipes Equino-varus.
	14.	Adenoma mammæ.
	16.	Old fractured patella.

Cases under Mr. Golding-Bird.

Martha	19.	Sacro-iliac disease.
	Cot.	Nævus on nose.
Lazarus	5.	Nævus of lip and cheek. Enlarged glands in neck.
	15.	Phagedæna of cheek.
	18.	Tuberculous disease of wrist. Contraction of scar in palm of hand.

Case under Mr. Jacobson.

Naaman	23.	Old fracture of femur. Injury to sciatic nerve.

Cases under Mr. Symonds.

Martha	13.	Scirrhus mammæ.
	14.	Hip-joint disease.
	15.	Necrosis of tibia.

Cases under Mr. Lane.

Patience	3.	Gummatous periostitis of skull; bone bare, etc.
Samaritan	12.	Large gumma on inner side of knee.

Cases under Mr. Dunn.

Lazarus	2.	Polypus in naso-pharynx.
	3.	Varicocele.
	8.	Epithelioma of penis. Amputation.

Case for Diagnosis.

A. B., æt. 25. Sent up by a doctor, on February 22nd, with the following note:—Hæmaturia (?). Cause (?). Gastric ulcer of long-standing. Has lately had temperature of 104°. Cause (?). Cannot retain anything by the mouth. Casts in urine during last few days.

Family history.—Unimportant. No history of tubercle.

Patient has always been aching, and she has been subject to headache and vomiting, more especially for the last two years. Early last summer she went to the seaside, but returned feeling no better.

For three months last summer she had to stay in bed, and the doctor said she had "ulcerated bowels." She could take nothing but milk. About this time she had hæmaturia for some weeks.

The vomiting often occurred in the morning and after food, but also if no food was taken. The vomit was frothy and pale, and never contained any blood. After getting up she crawled about at home, and still suffered from vomiting.

A month previous to admission she went into the Waterloo Road Hospital, but came out in a fortnight feeling no better. Since going home she has been passing blood in her urine, has taken nothing but liquid food in small quantities, and has been getting progressively worse.

On admission.—Patient is a wasted, anæmic-looking girl, and looks extremely ill. The tongue is very dry, raw and sore; the epithelium is peeling off in places, and there are several superficial ulcers. The fauces are injected and the uvula swollen; the patient expectorates blood-stained mucus. The abdomen is flat, and moves well with respiration. There is no tumour to be felt, but the recti are so rigid as to prevent thorough examination. The rectum is normal, and contained brown scybala, which were removed by an enema. The pulse is small and soft, the heart normal. No tubercle bacilli can be found in the sputum. The urine is acid, sp. gr. 1015, smoky in colour, and deposits an opaque white sediment consisting of pus and red blood corpuscles. No casts were seen. Tubercle bacilli were looked for on three occasions without success.

Up to the 24th patient did not vomit much, and was fed on small quantities of milk frequently. The urine did not alter in character much during the illness; the average amount was thirty ounces per diem.

25th. Patient developed a blotchy erythema, which extended in a few days all over the body. It consisted of flat, slightly raised, well-defined roundish red patches about the size of a shilling, whose colour disappeared on pressure, and it persisted till death. The motions were loose and rather dark, but there was no diarrhœa.

26th. It was noted that patient has been very sleepless.

29th. Patient passed a dark-red fluid motion containing a cylindrical blood-clot three inches long, grooved transversely as if it had formed in the colon.

She has been sick occasionally during the past few days. Her general condition was still very feeble. The pulse was small and weak; its rate was 120. In the evenings patient was delirious, though not noisy.

March 1st. The vomiting became more frequent. The temperature, which had been of hectic type, with evening rises to 103°, and falls in the morning to nearly normal, now gradually fell, and from March 4th remained persistently at 96°. The patient became feeble and wasted, and died on March 7th of exhaustion, without much change in the symptoms or development of new ones.

A post-mortem examination was made.

Two Cases of Adult Chicken-Pox.

As I see that Dr. Sutton has lately given an instance of a case of chicken-pox in the adult, I think it may be of interest if I give some details of two cases which occurred in my practice here last year.

The incubation periods could be absolutely settled, the eruption appearing on the sixteenth and seventeenth days respectively.

The source of infection was a child who, on February 14th, took part in a dress-rehearsal for some amateur theatricals; on her return home she was found to have spots which by the next day developed sufficiently for a positive diagnosis to be made.

Mrs. X., æt. 20. Had general malaise on Feb. 28th. On waking, on March 1st, she noticed some spots on her chest, and it proved to be a mild case of chicken-pox. No pocks appeared on the palate, soles, or palms, the face being the part most affected; but even then, there were not more than twenty.

Miss Y., æt. 25. Had slight malaise and sore throat on March 1st, a few spots about the chest on March 2nd, and on March 3rd, when I saw her, there was a very profuse eruption, and a temperature of 101° F. That evening I was doubtful as to the diagnosis, especially as I had some small-pox patients, and I knew that Miss Y. had been exposed to infection. On March 4th, however, there was no doubt as to the eruption, and in this case the pocks were most profuse on the face and scalp, none being found on the palate, soles and palms.

In a fortnight all traces of the pocks had disappeared, and I permitted the patient to be about as usual.

It is interesting to note that Miss Y. was much more in contact with the child on February 14th than Mrs. X., who was the accompanist.

I may add, too, that last year I had two cases of mumps in adults, but neither presented any unusual symptoms. The infection originally came from an adult Portugese—namely, the gardener employed by one of the ladies.

W. FRANK COLCLOUGH.

Oporto.

Pass List.

Second Conjoint Examination, April, 1896.

Under Four Years' Regulations.

Anatomy and Physiology.

Hutchinson, F. E. Plumley, A. G. G.

Anatomy only.

Body, T. H. Brown, G. M.
Passmore, A. B.

Physiology only.

Harris, J. Isaac, B.

Under Regulations dated 1st January, 1892.

Barron, R. M. McLachlan, A. R.
Browne, T. W. S. Moss, B. W.
Davis, E. I. Munro, D. J.
De Coteau, J. T. Osborn, A. G.
Densham, A. Reeve, H. M.
Dowsett, E. B. Reid, A.
Dyson, J. N. Rodil, J. J.
Evans, S. J. Simpson, G. S.
Hope, W. B. Swan, R. H. J.
Jensen, E. T. Turner, F. D.
Walker, T. M.

First Conjoint Examination.

Under Regulations dated 1st January, 1892.

Chemistry and Physics.

Cohen, E. Robinson, J. F.
Hardenberg, E. J. F. Terry, R. H.
Kelly, T. T. Wood, M.D.

Practical Pharmacy.

Cohen, E. Outred, C. D.
Harrison, W. W. Powell, J. E.
Lewis, A. D. Richardson, W. S.
Mossop, C. H. Watt, J. G.

Elementary Biology.

Atwood, R. D. Kempthorne, H. D.
Bartlett, C. E. Miles, T. G.
Beale-Browne, T. R. Pern, L.
Cohen, E. Roberts, T. H. F.
Cross, F. G. Sime, F. W.
Curtis, F. Terry, R. H.
Da Silva, J. C. J. Tilbury, R.
Felton, E. H. Wallis, V. M.
Gaitskell, C. E. Webb, L.
Hardenberg, E. J. F. Wilson, F. E.

Under Four Years' Regulations.

Materia Medica.

Moore, E. Stamford, R. B.
Salmon, C. A. C. Treusch, J. B. A.
Worts, C. C.

Elementary Physiology.

Edwards, W. H.

Passim.

We are very glad that Her Majesty has allowed her intention of giving £105 to the Sustentation Fund to be made public, as this gracious act cannot fail to draw further public attention to the wants of our impecunious Alma Mater.

The Lectures for the Summer Session will commence on Friday, May 1st.

Candidates for the various examinations under the presiding genius of the Conjoint Board are often railed at on account of their irregularity in orthography, it therefore behoves such critics in etymology to take care that their future examination papers are not marred by such words as "aneurism," which appeared in the recent Medicine paper.

No doubt many will read with interest Dr. Starling's contribution to the April number of *Science Progress*, on "Some applications of the theory of osmotic pressure to physiological problems."

One of the most senior of Guy's alumni—or rather of Guy's and Thomas's, under the combined régime—passed away, at the age of 80, on the 1st of April, in the person of William Wilson, M.D. Gött., F.R.C.P. Lond., at Florence, where he had practised medicine some fifty years.

We notice that Mr. W. K. Steele has been promoted to be Surgeon-Lieutenant in the Militia Medical Staff Corps, and that Messrs. A. Miller and H. Hewetson have gone to Netley for a course of instruction.

Mr. J. H. Targett read a short paper on the "Joint Affections in Nervous Diseases," before the Hunterian Society, on Wednesday, April 22nd, at the London Institution. The lecture was illustrated by lantern slides, and a discussion followed in which Drs. Beevor, Buzzard, W. M. Ord, and Aldren Turner, and others took part.

The Residents' Annual Dance is to take place this year on May 19th. The Treasurer, with his usual kindness, will allow the Governors' Court Room to be used for this purpose. The dance is under the patronage of the wives of several members of the Staff, two of whom—Mrs. Pye-Smith and Mrs. Howse—have kindly consented to act as hostesses and receive the guests on this occasion.

This is the last opportunity we shall have of reminding those interested in Guy's that the dramatic performance by the Bancroft Dramatic Club is to take place on the 4th May, at the St. George's Hall. Tickets are still to be secured, although of late the sale has been more satisfactory to the promoters.

We notice that the Council of the Royal College of Surgeons at their quarterly meeting on the 9th inst., accepted with best thanks Miss M. E. Durham's offer of a portrait by herself in low relief bronze of her father, the late A. E. Durham.

Alongside the marble tablet to "Arthur Durham, F.R.C.S." which has for the last few weeks adorned the Museum staircase, there has lately appeared another in bronze in memory of "Beavan Neave Rake, M.D."

Another letter, originally addressed to "Mr. Lukess," has been passed on to us for publication. It is an even greater gem than the last, and one that is increasingly rare in these days of free education. Coming from an old servant of the Hospital, on its country estates, which we are wont to consider just at present a negligeable quantity, it has been answered from the Dispensary as well as from the College. We hope the writer will not have "dis'peared" either before or since the arrival of the medicine.

"Sir,—I ham a servent of Guy worken on the ——— shire estate as a bricklayor taking the liberty of wrighting to you asking you if you can do me eney good i have been trubled with seat wormes all my life i have tride to get rid of them but not suckseaded yet i youse salt water ingection and i do not feal no more that night of them if you can give me somthing to distroy them i shall be thenkful my age is 49 i have bean a servent of Guys over 30 years a naber of mine was coming up so i thought i whould ask you i have bean told there is no cure but i shall not dispear untill i hear from you.—I remain yours, ———."

The Matron held a most successful At Home in the Court Room on Wednesday evening last, which was thoroughly appreciated by a large concourse of Sisters, Nurses, and friends. We noticed as present the Treasurer and Miss V. Lushington, Mrs. F. Taylor, Miss Davies-Colley, Mrs. Symonds, Dr. and Mrs. Perry, Mr. and Mrs. Lane, and Mrs. Bowden. The Nurses' Choral Society was heard to excellent advantage during the evening in several glees and part songs, and showed us what excellent use they have made of the practices during the past winter's evenings.

Some men, as the sage said, have greatness thrust upon them, and in the present instance Dr. Wilks has been, according to *The Hospital*, the victim of such imposition at the hands of the said journal. To be more explicit, the above journal takes to itself the chief credit for having secured to Dr. Wilks the proud position he has lately by the consensus of medical opinion been called upon to occupy. This was certainly an eye-opener to us and probably has had a greater effect in that direction on the "victim" himself, and the whole affair would almost be ludicrous enough to laugh at, did not the same issue of the paper contain a leader on the place of *The Hospital* in medical journalism in which the puffing of self is elevated to a fine art.

To everyone at all cognisant of the true facts underlying the initial observation, such misrepresentations cannot be anything else than absurd, and none of us will be at all disposed to believe "that until a fortnight before the date of the election the name of Dr. Wilks had been put on one side," *i.e.*, until *The Hospital* introduced the subject in their issue of March 21st. Long before this Dr. Wilks had, in the interests of the profession, reconsidered his earlier decision not to offer himself for election, and efforts were being made to disseminate the fact.

The Senate of the London University has fixed Wednesday May 13th for the Annual Presentation of Degrees, Prizes and Medals. We are asked to remind Guy's men who should take their Degrees on this occasion, that the request made by the Senate for their presence is practically a command, and that even a certain amount of self sacrifice to enable them to put in an appearance on this occasion is a debt they should gladly pay, both for the prestige of the University and Guy's.

We hear that the ground at Honor Oak Park is now in splendid condition, and that net practice has been indulged in by a fair number of men during the past fortnight. It is scarcely necessary to remind our readers in general and the cricket-playing section in particular that the Inter-Hospital Cup is no longer with us, and that early and continued practice would do a great deal to help to regain it. Here's luck to the coming season, for with luck and keenness—and we know the latter is assured—we should go very near victory.

It is our intention as soon as possible after the Festival Dinner to issue a special number of the Gazette, printed on special paper, with special illustrations, amongst which will be several sketches of the Dinner itself, and also reproductions from some excellent photos which have just been taken about the Hospital for the occasion. It is hoped that this Gazette will contain a short history of the Sustentation Fund, with a list of subscribers, and we trust that our most recent and extensive effort will be well taken up by Guy's men far and near.

We have received the fixture card of the Swimming Club, which is now entering on its third season. Mr. G. Marshall, the hon. sec., has arranged a very good list of polo fixtures, and with all the arrangements connected with the St. Saviour's Baths in first-class working order, the present season should be an even greater success than the last.

Golf.

STAFF v. STUDENTS.

This match was played at Wimbledon on April 23rd, in splendid weather. The day was so much enjoyed by all concerned that it is to be hoped that the fixture will be an annual one. The match resulted in a victory for the Students by 18 holes.

The teams wish to take this opportunity of expressing their thanks to Dr. Laidlaw Purves for his splendid hospitality, and also to the Royal Wimbledon Golf Club for the use of their links. Score :—

Staff.		Students.	
Dr. Purves	0	C. Coventry	3
Dr. Fawcett	0	C. Shepherd	4
Mr. Rowell	3	F. G. Thomas	0
Dr. Washbourn	0	M. Hamblin-Smith ...	5
Dr. Stevens	0	G. E. Duncan	9
	3		21

The Re-Endowment Fund.

The Festival Dinner has been postponed to the 10th June, on which date it has been definitely fixed to take place at the Imperial Institute. The exclusive use of the whole building has been secured, and His Royal Highness has consented for a great reception to be held after the Dinner. This will enable thousands of the friends and sympathisers of the Hospital to join in the Festival, which would have been otherwise impossible, as only five hundred seats at the Dinner are available. The Committee are hard at work on the necessarily huge arrangements, and it is hoped that the programme for the evening may be announced in our next issue.

A letter in the following terms has been addressed by Dr. Wilks to old Guy's men:—

"His Royal Highness The Prince of Wales having fixed the date of the Festival Dinner for June 10th, a further period is available, during which I trust you may be able to increase the amount of your collection for the Re-endowment Fund.

"Collecting Books will not be called in until May 16th, by which date they should be forwarded without fail to Mr. C. H. Wells, at the Hospital. It will, however, be convenient if notice of any single or aggregate amounts of £100 and upwards be sent at the earliest possible moment.

"The course of proceedings for the Festival is now under discussion, and particulars will shortly be furnished."

The Secretary to the Treasurer will be glad if present Students will accept the above as notice to them also, and retain their books until May 16th.

Everything that can be done to make the cause of the Hospital known throughout the length and breadth of the land is being done. It is already certain that as a representative assembly the Festival will surpass in brilliance anything of the kind previously realised in the history of any hospital, and it only remains for the contributions to the Fund to be in proportion to the greatness of the occasion.

Mr. Sidney G. Layman's Grand Evening Concert to be given in aid of the Fund, at Beckenham Public Hall, on Saturday, May 2nd, is, we should imagine, already an assured success. Some splendid talent has been secured, and there should not be a vacant place in the Hall.

And we hope there may not be a vacant place in St. George's Hall, Langham Place, on the following Monday, to witness the performance of "A Fool's Paradise," by the Bancroft Dramatic Club. It is satisfactory to learn that Mr. Stanley Cock has been receiving better support, and as the students are to have the credit of the profits on this entertainment, everyone should be present or send some friends.

We understand that the "Dis-Guysed" Minstrels have been asked to give entertainments at the Bromley Fancy Fair on June 6th, and on June 23rd, 24th and 25th, at the Garden Fête to be held in Hanworth Park, Sunbury-on-Thames.

Student meeting friend near dissecting-room: "I have just been showing an uncle round the Hospital, and afterwards produced my card and asked him for a subscription, and he gave me a fiver."

Chapel News.

(Contributed by the Chaplain.)

On March 14th, one of our Confirmation Candidates was baptised in Chapel, and on the next day she, with five others, was confirmed in the Parish Church of Newington, by the Bishop of Rochester.

Mr. F. J. Rich, who has been our organist for eight years, has resigned the post. Miss Maude Hill takes his place at the organ. She will also train the choir, which Mr. Rich did not do. The improvement which must necessarily follow from placing both these duties in the hands of one person has become already apparent.

The number of communicants in Chapel on Easter Day was 135. The offertory (for the Choir Fund) was £3 2s. 5d.

Surely the chapel has never been so skilfully and so tastefully decorated as it was this Easter. We tender our most grateful congratulations to the Matron, and to those who helped her to carry out her plans.

The Choir boys, with one melancholy exception, spent a "happy day" at the "Olympia" on Thursday, April 16th, the necessary funds being most generously provided by Sisters, Nurses, and a few other residents at Guy's. We were almost the first party to enter when the doors were opened at noon, and we did not leave the building before half-past ten at night; for Blondin was advertised to appear, and when it became certain that he would not do so before the evening performance, it was quite impossible to resist fourteen children, whose eyes and voices pleaded for a sight of him. So we saw the performance twice, once from the three-shilling seats, to which our party were admitted at a shilling a head, and once from the free seats. Sixpence apiece for pocket money, "Hamlet up to date," and an excellent tea provided for us by Messrs. Lyons & Co., at a very "popular price," made the interval slip away "in no time."

The Dean of Ripon will preach in the Chapel at 11 a.m. on April 26th.

A Case of Wound of Thoracic Duct.

A. G., æt. 22. Has suffered for the last twelve years with tubercular cervical glands, which suppurated. She has never been free from an enlarged gland or a discharging sinus in her neck.

In December she was admitted into Retford Cottage Hospital, and four or five superficial glands in her neck, which had suppurated, were incised and scraped, from which she made an excellent recovery, and left the hospital at the end of December.

In March she again applied for admission on account of enlarged cervical glands of left side, which form two masses, situated along the posterior border of sterno-mastoid, and could be felt extending beneath it. They appeared fairly movable; the lower mass extended to the upper border of left clavicle. On the right side there are a few small enlarged glands behind the ear.

March 21st.—*On admission.*—A. G. is a short, stunted, fresh-complexioned, dark-haired young woman. Her neck is thickly mapped with scars of different sizes; one very long and large one on right side of neck extends to below the clavicle.

25th. An anæsthetic (A.C.E.) was administered by Dr. Norburn. An incision was made along posterior border of left sterno-mastoid, extending from about the level of angle of the jaw to the upper border of the clavicle; when the surface of the glands was reached there proved to be a felt-like mass beneath the left mastoid, connecting those clusters which were superficial; with care and using a director before dividing deep attachments, a large mass was removed. On passing a finger into the wound it became evident that the tubercular glands extended behind the left clavicle and upper portion of the sternum, between it and the trachea. After a brief consultation with Drs. Trevor-Pritchard and Norburn, it was decided to remove them if possible. Vulsellum forceps were used and traction made, and with some difficulty the diseased glands were removed; drainage-tubes were inserted and the upper part of wound sutured; the dressing was iodoform gauze.

Throughout the operation there was very little hæmorrhage, and the patient came round from the anæsthetic extremely well. In the evening patient was restless and tore the dressings off, and would not allow the other patients to rest. (On her former admission her behaviour was very good.)

26th. Patient still restless. Pulse, small and quick, 130. The dressings very sodden with a thin blood-stained discharge; no control over motions; delirious at times.

27th. There is a very profuse discharge of lymph from the wound; the edges of wound over which the lymph flows do not look healthy. Under her head and shoulder there is placed a draw-sheet, which is wringing wet; the nurse reports that "the draw-sheets required to be changed every two hours." Pulse very rapid and small. On pressing the edges of the wound, lymph and chyme well up freely; it is not possible to empty the wound of it.

It was then clear that the thoracic duct or a main branch of it had been injured while freeing the mass of glands low down in the neck. The wound was dusted with boracic acid powder.

The diet ordered was a nutrient suppository 4tis hor.; Bovril and whisky 4tis hor.

All food containing fat or oil was forbidden.

29th. In consultation with colleagues, the diagnosis was confirmed, but any further operation was decided against. The quantity of lymph and chyme shows a slight decrease. In it are the flaky masses described by physiologists. Patient is less delirious. Maltine, lean meat and fish ordered for diet.

April 1st. The discharge is decreasing in quantity; the wound looks healthy. Patient has control over motions; is not delirious.

7th. The quantity of discharge now is not more than for any wound of the same size, and I believe there is no chyme or lymph in it. The chest keeps healthy. The patient is on ordinary diet, including milk.

8th. Temperature 104°. Patient complains of pain in right side of neck.

10th. There has been a discharge from an old sinus on right side of neck. Patient is quite comfortable. Temperature 100°.

21st. Patient has been up several times. The upper part of wound has soundly healed; in the lower part there is a sinus about half-an-inch in depth; the granulations are redundant. Judging from the dressings, there is about ʒj. of pus per diem. Pulse small, 80. Patient feels very well. There are signs of fresh glands in neck becoming affected.

To my colleagues and myself it seemed quite clear that the thoracic duct, or a main branch of it, had been injured. The wringing-wet condition of the draw-sheets under the neck and shoulders, caused by the very profuse discharge, in which were yellow flakes of chyme; the impossibility of pressing the wound dry from discharge; the general condition of the patient—all these seemed to prove it without doubt.

The diet was arranged so as to give as little work as possible for the lacteals of the alimentary canal to do—the free discharge being noticed after patient had commenced to take food—and so diminished as much as possible the escape of chyme through the wound, and favour its chance of healing.

In Quain, edition viii., p. 846, is the following:—"This condition is incurable, and would necessarily prove fatal even if the patient escaped primarily fatal consequences of the concomitant injury." Six cases are reported which proved fatal.

After perusing the above several times during the last few weeks, I thank God that A. G. broke that record.

Retford. J. M. THORNE.

Some Interesting Post-mortem Notes.

The following cases, which came under my notice during the past six weeks, may be of interest to readers of the Guy's Gazette.

Case I.—Angina pectoris; calcification of aorta and coronary arteries; fatty degeneration of heart.

James R., aged 54, naval pensioner, had been attended occasionally since September, 1895, for pain in the chest and slight cough. On January 20th, 1896, he complained of extreme pain in the præcordial region, and appeared pale, distressed and ill. The heart-sounds were feeble, and the second sound replaced by a murmur at apex and base. He was treated with a mixture containing nitro-glycerine (mj) and chlorodyne every four hours; and after two days the pain (which had been very severe), abated, leaving him pale and weak, inclined to syncope on exertion, but able to leave his bed. On the 26th he was sitting by the fireside, when he complained that his hands and feet felt cold, and asked to be laid down by the fire. When this was done, he was found to be unconscious, a condition from which he never recovered.

Post-mortem.—Excess of clear fluid in pericardial sac. Heart weighed 14 ounces; surface of right ventricle loaded with fat; heart-muscle generally flabby and fatty; the wall of right ventricle at apex was only about a line in thickness; right ventricle filled with ante-mortem clot; pulmonary valves normal. Left ventricle hypertrophied and dilated, containing ante- and post-mortem clot. Mitral valve contained one or two atheromatous nodules, but was apparently competent. Aortic valves incompetent: each is puckered, contracted and calcareous; aortic wall above valves very atheromatous, and containing several calcareous plates. Right coronary artery converted for the first two inches of its length into a rigid calcified tube, and calcareous patches at intervals beyond this; it contained ante-mortem clot. Left coronary artery atheromatous, but not nearly so bad as the right.

Case II.—Encephaloid carcinoma of pancreas invading the stomach; secondary deposit in liver.

Mary R., a cachectic-looking woman, applied on November 7th, 1895, for a truss for inguinal hernia. The liver was found to extend from the sixth rib to two inches or more from the costal margin, and to be hard, and coarsely nodulated. She had lost flesh lately, and complained of nausea and epigastric pain at times. A week after this, acute pain came on in the right hypochondrium. The liver rapidly enlarged, with formation of a hard, tender mass in the epigastrium; the patient became emaciated and cachectic (not jaundiced); œdema of the lower extremities, and then of the abdomen, set in, and she died of exhaustion on December 31st, 1895.

Post-mortem (partial).—Liver filled with masses of softish white growth; several large tubers on its surface, each umbilicated, with blood-vessels radiating from the central depression. The stomach contained a fungating mass three inches transversely by two vertically on its posterior wall and lesser curvature; pylorus not affected. On dissection, this growth was found to originate in the pancreas near the junction of its head with the body, this part of the organ being replaced by a growth the size of a pigeon's egg. Microscopic examination showed it to be an encephaloid carcinoma. There was no deposit in the spleen, and the rest of the abdominal viscera were normal to palpation.

Plymouth. H. W. WEBBER.

Anthrax in Children.

Two interesting cases of anthrax were admitted during the first week in March, in which the subjects were a girl fourteen years old, and a boy of thirteen, who lived in the same house in the proximity of a well-known tan-yard.

The girl, J. M. B., was admitted March 3rd into Charity, with a typical "pustule" on the left cheek. This came as a red pimple, and had been noticed for five days. The lesion presented a central slough about the size of a sixpence, surrounded by numerous vesicles, and beyond the lower edge of the ring the vesicles extended some distance. Only a few bacilli were found after examining the serum in several preparations, but after excision Dr. Eyre made cultivation, and conclusively proved the presence of bacilli. The surrounding œdema was very extensive. The pustule was excised, sulphur rubbed into the wound, and the child put on de-emetized ipecacuanha, gr. iii., 4tis horis. The temperature never rose above 101·4°; was normal on the fourth day, and the child made an uninterrupted recovery.

The boy, F. S., æt. 13, was admitted March 8th into Lazarus. He was playing in the tan-yard on March 4th, when it is said he asked for some hair from some goat skins which had just arrived. With this he made himself a moustache, and so infected his left cheek, which was already scratched. Two days later, on the 6th, a pimple appeared, and the cheek began to swell. The œdema increased on the 7th and 8th, when he was brought up and admitted. The appearance was fairly typical, but no bacilli could be found in the serum. The pustule was excised and found to contain bacilli. The wound, which was stitched up at first, was afterwards opened and packed with powdered ipecacuanha. An enlarged gland near the angle of the jaw was injected with carbolic acid. Patient's highest temperature was 99·4°, and he had no bad symptoms. He was discharged on March 20th.

The Summer Course of Instruction at the Metropolitan Fever Hospitals begins on the 5th of May, and classes, in the case of each of the two institutions most used by Guy's men—the Eastern and South-Western—are fixed for Tuesdays and Fridays, at 11 a.m.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Fixing Reagents.

Sir,—Some difficulty seems to have been experienced as to the ordinary means of preparing tissues for microscopical examination. Of late, the Staff have greatly encouraged this additional means of confirmatory diagnosis, and, such being the case, I thought it would not be out of place to give a short outline of the usual methods employed in the pathological laboratory for the preparation of tissues for this purpose.

It is advisable to put the tissue *as soon as possible* after removal from the body into one of the fixing agents in general use, and of these I have appended a short list of the most suitable ones.

1. *Corrosive Sublimate.*—A saturated solution should be used; this is best made by putting excess of $HgCl_2$ into boiling distilled water, allowing it to cool and crystallize, which ensures complete saturation at the then temperature and pressure. It will be found that the addition of a small quantity of sodium chloride—about one-eighth that of $HgCl_2$—gives rather better results than the $HgCl_2$ alone. The tissue should be cut into pieces not more than four mm. in thickness, as the penetrating power of the $HgCl_2$ is only two mm., or thereabouts. Allow it to remain in the solution for from six to twenty-four hours, according to the nature of the tissue. Those tissues which include skin should not be left more than six hours, as they tend to become very hard, and this causes trouble in cutting. Wash thoroughly in water for twenty-four hours, then transfer to a mixture of Sp. Vin. Meth. and water, equal parts, for twelve or twenty-four hours, then to Sp. Vin. Meth. for two or three days. After this, dehydrate with absolute alcohol, clear with toluol, and embed in paraffin.

2. *Picric Acid.*—A saturated aqueous solution is easily prepared by putting a few crystals of picric acid into a bottle and filling up with water. This is chiefly useful for skin preparations. Leave in the solution not more than twenty-four hours, and then transfer to spirit, in which it may be left some days, the spirit being changed occasionally.

3. *Absolute Alcohol.*—This is chiefly of use for tissues which it is required to stain for micro-organisms. The pieces of tissue should be exceedingly small. Allow to remain three to six days, changing once or twice.

4. *Formalyn.*—This is chiefly useful from the fact that the tissue can be transferred directly to gum solution, and cut with a freezing microtome. One per cent. solution in distilled water is the usual strength employed.

Of the above-mentioned solutions, that of corrosive sublimate will be found by far the best, as it fixes protoplasm at once, permitting of no shrinking of the tissues; but in order to get the best results with this, as with any other fixing agent, the tissue should be placed in the solution *as soon as possible* after removal from the body. Upon this the success of the whole process depends, and if it be neglected it is impossible to get good preparations. I might add that *on no account* should the tissues be placed in water.—I am, Sir, yours truly,

Guy's Hospital, March 7th, 1896. STANLEY E. DENYER.

Varicella in the Adult.

Dear Sir,—In the Guy's Hospital Gazette for March I notice a report of a case of chicken-pox occurring in a patient, æt. 24. Possibly the following three cases of that disease as seen in adult, may interest some of your readers:—

A. T., a lady, æt. 25, was staying with friends in London. She had left her own home in Cornwall a month previously. During her absence several of her brothers and sisters contracted chicken-pox; about sixteen days after the commencement of the disease in the Cornwall house my patient sickened, the contagion apparently being conveyed by letter.

On March 5th, 1889, I was asked to see a gentleman, æt. 41. The patient had gone to bed feeling well, but had passed a bad restless night. He complained of very severe pain in the back. The temperature was 102°; pulse 100. There was no discoverable lesion of any organ to account for the attack, which I considered as being acute lumbago. The following morning the temperature had fallen to 99°. There was still much pain in the back. A copious eruption was now present on the face, scalp and back. The eruption resembled that of mortified small-pox, and, preceded by so much constitutional disturbance and back pain, made the case a surprising one. But within a few hours, a normal temperature and pulse, absence of any eruption on wrists and excessive crop of vesicated papules were sufficient to warrant a diagnosis of varicella. The diagnosis being verified fourteen days later by the fact that three young children were attacked with mild chicken-pox. Again, eighteen days from this second outbreak, the four remaining children in the house succumbed. The illness in each case of the seven children being of the mildest type and entirely characteristic of varicella. With regard to the initial form of infection, I ascertained that on or about February 20th my patient had lent his waterproof to a friend who had used it for two or three hours on that afternoon, and had called to see two children suffering from chicken-pox. He sat with the children for some little time, and on returning to his office had restored the coat to my patient, who immediately put it on, wearing it during a short railway journey.

The third case is now (March 18, 1896) under my observation. On the 11th, two young children fell ill with

varicella, the disease being of the mildest type, with no constitutional disturbance. On the 26th, the mother, æt. 32, sickened. In her case the eruption has been very copious on back, face and scalp. The night before the eruption appeared patient was restless, but there has been no constitutional trouble. The only complaint being that of soreness of throat. This condition arising from the presence there of two or three "spots" on the soft palate.

DONALD W. CHARLES HOOD,
M.D., F.R.C.P. Lond.

Green Street,
Park Lane.

A Case of Aphasia with Left-sided Convulsions.

Dear Sir,—I regret to have to record the death of my patient with aphasia, the notes of whose case you kindly published on February 29th. A month ago I left off giving him any Iodide of Potassium, and gave him injections of Antisyphilitic Serum. He apparently continued to improve under this treatment, except that he had persistent diarrhœa. On Wednesday, April 1st, however, he had another fit commencing as previously on the left side of the body, but extending to both sides. The convulsions lasted over three hours, and left him in an exhausted condition with shallow breathing. Strychnine roused him up for a time and he lived until about four a.m. the following morning, nineteen hours after the commencement of the attack. No post-mortem was made.—Yours etc.,

Hemel Hempstead, Herts. W. A. CARDEN.

Sustentation.

Dear Sir,—There is yet one more method open to Guy's Students by which the coffers of the Hospital may be enriched, and our needs further advertised, a method moreover which has received the sanction of the Treasurer's Office. The proposal is to pass collecting-boxes round in the crowded City trains on the different lines of railway. Mr. Wells has asked me to invite Students, through the medium of your columns, to assist in carrying out this proposed scheme. As will be readily seen, it would not be advisable for individuals to adopt this plan independently of one another, for by so doing, the boxes would be passed round to the same people time after time, thus creating a nuisance, which might lead to unpleasantness. Mr. Wells has, therefore, suggested that energetic season-ticket-holders should communicate with him or me so that a definite plan of campaign may be worked out. I would ask all those willing to help to inform us at once (remembering that May 30th is not far distant), and to state at the same time by what lines they travel. Boxes are provided by Mr. Wells, and amounts collected will be credited to the Students' Collecting Fund.—I am, Sir, yours truly,

ERNEST A. MILLER.

In the "Charity."

Dear Sir,—The following case which lately occurred in the "Charity" is, I think, worth recording:—

M. C., æt. 35, was delivered on April 8th by means of forceps. She went on quite satisfactorily till April 12th, when the Extern found her feeling very ill with a rapid pulse but no temperature. She has always had remarkably good health previously.

I saw her the same evening, when the following description briefly indicates her condition:—

Temperature 99·5°; pulse 140; respiration 40. Patient seems a good deal distressed and looks ill, but has no pain, and says that she has had none all along. She is sweating profusely; tongue furred, moist; pulse feeble. No cyansis.

Physical signs.—Heart normal.

Respiratory system.—Left side.—Breath-sounds loud, but otherwise normal. *Right side.*—On percussion, note is of a high-pitched, almost typanitic character, such as is not infrequently heard over pneumonic lung. This condition exists all over front and back—apex to base. This side does not move so well as the other.

Auscultation.—All over front and back there is loud and perfectly typical tubular breathing; no moist sounds, no rub. T.V.F. increased. Bronchophony and pectoriloquy well marked. She has difficulty in expectoration, and what she brings up is chiefly frothy mucus, devoid of colour and not viscid.

Given Pil. Opii. gr. i. and a stimulant expectorant mixture and brandy ʒj. every four hours.

April 13th.—Patient slept last night, and to day feels and looks much better. Respiration 32; pulse 108; temperature 99°.

There is now a practically normal note all over the right side. It is perhaps a little impaired as compared with the left side. On auscultation, there is a slightly impaired air entry all over, and slightly "whiffy" breathing at the apex. T.V.F. vocal resonance still increased, but not so markedly as yesterday. A few rhonchi are scattered over the chest on the right side.

Since then she has progressively improved, and now (April 18th) feels quite well, and there are no physical signs of disease. She has expectorated very little all through, and the expectoration has never been tinged.

Considering it to be an atypical case of pneumonia, the absence of temperature and pain of short duration, and the very rapid resoluture, seem to me the most interesting features. Perhaps some of your readers may have seen similar cases, or suggest another diagnosis.—I am, yours, etc.,

C. J. H.

P.S.—The temperature was taken every day, from the 8th to the 12th, by a nurse, and was never above 99°.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

H. H du B., Weymouth.—Sections of the eye show a soft round-celled sarcoma of the retina. The growth extends from the optic disc almost to the pars ciliaris, but is most abundant behind. Areas of the growth have undergone caseation. The lens capsule appeared to be adherent to the iris and back of cornea, and the whole globe was much shrunken when received.

G. H. M., Clare.—Beneath the mucous membrane of the palate there is a layer of dense fibrous tissue, and deeper still are some large mucous glands and ducts. The latter are surrounded by very dense fibrous tissue, as though they had undergone atrophic changes. But there is no indication of malignant disease in the specimen.

E. R. M., Hastings.—Tubercle bacilli are present in the sputum in fairly large numbers.

O., Blechingley.—No tubercle bacilli could be found in the milk, even after centrifugalizing the specimen.

C. D. M., Bournemouth.—No tubercle bacilli could be found in the sputum.

J. H. G., Norwood.—These tumours are composed of concentric layers of epithelial débris, and the material is entirely devoid of structure, except at the periphery, where a few nuclei may be seen. The material is such as might be derived from the cavity of a dermoid or inclusion cyst of the skin.

H. P., Gravesend.—The growth from the root of the lung is a vascular round-celled sarcoma, with large extravasations of blood in it.

PATHOLOGIST.

Bicycles as Aids to Diagnosis.

What bacteriological laboratories are doing for obscure cases of tuberculosis and diphtheria, and what Röntgen's rays promise to do for doubtful cases of impacted foreign bodies, the bicycle is doing, before our eyes, in many a puzzling case among the neurotic portion of the practice of the general practitioner. We are all often much perplexed to analyse correctly the "kaleidoscopic" phenomena of the neurotics, chiefly women; but one of the most difficult points for us to gauge truly is that subtle one of the effect of fatigue upon the neurasthenic. The ingenuous curable neurasthenic patient is genuinely fatigued to a morbid degree by mental or muscular exertion beyond her limits for the time being, and the intelligent among these will go from strength to strength by steady and graduated exertion, whether it be the walking, riding, golfing or tennis of the leisured, or the study of the student, or the housework of the housewife. But the limits for each are easily learned, if not so easily observed in many cases. The difficulty lies not with the intelligent neurasthenic, who means to be cured, and who is thoroughly interested in healthy pursuits such as I have mentioned; it is with those who live on the borderland between the former class and those neurotics, who, by inheritance, or spoiling by relatives, or from illness, badly nursed and treated in convalescence, have been abandoned to life-long invalidism, with whom our real difficulty lies in forming a true judgment as to the effect of fatigue.

With these "borderland cases" it is painfully true that *to save their life*, in the highest sense of the term, they must exert themselves in mental or bodily pursuits to the extent of moderate fatigue. Now, before our eyes, these doubtful cases often perform the diagnosis of their cases and give a clue to treatment. We need but to keep our eyes open, as we walk or drive about, to see the new test being applied "al fresco" and *gratis!*

We see patients whom we really know to be delicate and neurotic, but not actively diseased in their organs, gracefully riding bicycles—these very patients to whom we have repeatedly advised walking exercise for their health's sake, and in vain—and we cannot forget, if we ourselves are bicycle-riders, the fatigue which the process of learning involved, to say nothing of the effects of a contrary wind, a rough road, or an uphill slope. Walking exercise, being comparatively uninteresting *per se*, has in these patients produced unaccountable fatigue, half a mile or a mile of slow walking being responsible for headache, backache, sleeplessness, or other subjective symptoms. But half an hour or an hour on a bicycle, with as much muscular fatigue, jolting, jarring, minor accidents and contusions, and alarms, as would be equal in tissue-change to three hours of the slow walking referred to, has done nothing but good to the patient. Whence or how arises the difference? It is surely in the mental excitation and the pleasure derived from the present healthful and fashionable pursuit. These patients

are mostly quite ingenuous as to the fatigue produced apparently by walking a short distance, and the pleasurable effect which follows several miles' riding on a bicycle in a becoming costume. In truth, the difference in result is a real, and not an imaginary one. Such patients themselves see not the lesson it teaches to the medical mind, nor are they aware of the mental notes their medical friend is making as he salutes them. The fact is that a great many of the "borderland cases" are on the one hand much benefited by bicycle-riding, and on the other, their cases receive a little fresh light therefrom, which the medical man would do wisely to "make a note of" for his future guidance in that period, which cannot be far off, when the prevailing *fashion* for the bicycle among ladies will have been relegated to the limbo of croquet, badminton, lawn-tennis, golf for ladies, and the present gratuitous aid to diagnosis will have passed out of his reach. In illustration of these remarks, it would not be difficult to specify cases of spinal neuralgia with general nervous disorder, cases of slight chronic anæmia, of old spinal lateral curvature with debility, quiescent uterine disorders with neurasthenia, in which walking exercise has been set down as injurious and inadvisable, but in which the much more exhausting learning and practising on a bicycle is found exhilarating.

WALTER KIDD, M.D. Lond.

List of Books recently added to the Hospital Library.

Böedecker's Anatomy and Pathology of the Teeth.
Hopewell Smith's Dental Histology.
Gray's Anatomy, latest edition.
Treves's System of Surgery.
Bowlby's Surgical Pathology.

PRESENTATIONS.

By Dr. Pye-Smith.
The Lumleian Lectures on the Etiology of Disease.

Dr. Stevenson.
Blyth's Poisons.

Dr. R. Percy Smith.
The Insane and the Law. By Pitt Lewis, Q.C., R. P. Smith, M.D., F.R.C.P., and J. A. Hawke, B.A.

The Author.
Dr. Hood's Etiology of Rötheln.

The Author.
Denison Pedley's Diseases of Children's Teeth.

Dr. Neale.
Appendix to the Medical Digest, 1891–5.

Dr. Pavy.
The Physiology of the Carbohydrates: An Epicriticism.

The Secretary of State for India.
Report of the Indian Hemp Drugs Commission, with the Evidence. 7 vols.

Bailliere, Tindall & Cox.
Murrell's Pharmacology and Therapeutics.
Stewart's Physiology.
Walsham and Hughes's Deformities of the Human Foot.

Bale & Sons.
Lewis's Early Scoliosis.

Cassell & Co.
Marsh's Diseases of the Joints and Spine.
Morris's Diseases and Injuries of the Genital and Urinary Organs.
Yearbook of Treatment for 1896.

Lewis, H. K.
Carter's Medicines. Seventh edition.
Harris and Beale: Pulmonary Consumption.
Jones's Medical Electricity.
Stocken's Dental Materia Medica.
Public Health Laboratory Work.

Longmans & Co.
Luff: Forensic Medicine. 2 vols.

Macmillan & Co.
Brunton: The Harveian Oration for 1894.

Pentland, Y. J.
Cunningham: Practical Anatomy. Second edition.

Segg & Co.
Denison Pedley: Diseases of Children's Teeth.

Swan Sonnenschein & Co.
Dubois: The Climates of the Geological Past.
Giles: Moral Pathology.
Legg: Public Health in Modern Capitals.
Scharlieb: A Woman's Words to Women.
Thonnen: Key to the Orders of Flowering Plants.

Smith, Elder & Co.
Da Costa: Medical Diagnosis.

Wright & Co.
Prentice: The Eye in its Relation to Health.

The Dental Section of the Library includes the following books:—

Bloxam's Metallurgy.
Böedecker's Anatomy and Pathology of the Teeth.
Cole's Oral Deformities.
Coleman's Dental Surgery.
Evans' Crown, Bar and Bridge Work.
Flagg's Plastics.
Fletcher's Metallurgy.
Harris' Principles of Dental Surgery.
Heath's Diseases and Injuries of the Jaws.
Kingsley's Oral Deformities.
Makins' Metallurgy.
Miller's Micro-Organisms of the Human Mouth.
Ottenlingui's Practical Dentistry.
Owen's Odontography.
Pedley's (Denison) Diseases of Children's Teeth.

Quinby's Notes on Dental Practice.
Rymer's Note-book for Dental Students.
Salter's Dental Surgery.
Sewill's Dental Surgery.
Silk's Anæsthetics.
Smith's (Hopewell) Dental Histology.
Stocken's Materia Medica.
Tomes' Dental Surgery.
Tomes' Dental Anatomy.
Underwood's Dental Surgery.
Underwood's Dental Histology.

The Library set of the *Lancet* being deficient in the volumes issued between 1840 and 1848, the Library Committee will thankfully acknowledge donations of any of the missing volumes.

All new works presented by the publishers are kept in a special bookcase, conveniently placed for anyone desiring to inspect them.

Notices.

IODOFORMIN.

It is extremely difficult to cover the smell of Iodoform. Several methods have been suggested, such as mixing it with Balsam Peru, Eucalyptus Oil, etc., but none of these effectually mark the odour. Iodoform is undoubtedly a most valuable medicament, but its smell militates against its use; hence a remarkable number of odourless substitutes have been introduced, but none of them appear to have successfully replaced Iodoform in surgical practice. Messrs. Spies Brothers & Company, 102, Fenchurch Street, E.C. have sent a specimen of a veritable odourless Iodoform, termed Iodoformin. It is a white powder, insoluble in water, and contains 75 per cent. of Iodoform combined chemically with an organic antiseptic body. Iodoformin mixed with acids or alkalies gives Iodoform. The antiseptic property it possesses is owing to the fact that the liquid secreted by wounds decompose it with the liberation of Iodoform. The separation of Iodoform ceases with the cessation of the wound secretions, and therefore the smell of Iodoform is reduced to a minimum. Iodoformin mixes with glycerine, forming an emulsion, and with soft paraffin and other anhydrous bodies it can be made into an ointment. We are of opinion that Iodoformin, which practically becomes Iodoform in application, will be preferred to Iodoform, not only on account of the absence of odour, but also because being finely powdered it dries up the secretions without forming crusts. A gauze containing 10 per cent. of Iodoformin is prepared for surgical use.

Reviews.

My Doctor, by a Patient (Skeffington & Son, 1s.), enables us to see ourselves as a dyspeptic but good-natured patient sees us. This particular patient is not perhaps a very keen observer, but he is a fair sample of many of his class, and in the amusing tales he tells are indicated a good many professional weaknesses which it is well for the doctor to recognise and, if possible, avoid. The book is more likely to be popular with the laity than with the profession, but any of our readers who may be starting for his first locum or assistantship this summer might profitably beguile the tedium of the railway journey by its perusal.

Book of Illustrations. By Maw, Son & Thompson, London.

We have received a copy of the Catalogue of Instruments, &c., issued by this well-known firm. The book is so well arranged in sections, and provided with such a full index, that it is very easy to find the various forms of apparatus that have been devised for the treatment of a particular disease or organ. Moreover, no expense has been spared in the matter of illustrations, which are both numerous and clearly executed. The value of this catalogue to those in practice, especially when not within easy reach of town, needs no demonstration.

Appointments.

Berry, H. Poole, M.B. Lond., M.R.C.S., has been re-appointed Medical Officer by the Grantham Town Council.

Roberts, J. Lloyd, M.D., B.S., B.A., B.Sc. Lond., F.R.C.S. Eng., appointed Honorary Assistant Physician to the Stanley Hospital, Liverpool.

Marriage.

POLLARD — HUDLESTON. — On Wednesday, April 22nd, at St. Wilfrid's, South Stainley, by the Rev. Canon Bittleston, Vicar of the Parish, assisted by the Rev. W. T. Travis, Rector of Ripley, Major William Pollard, of Springfield, Ripon, to Sophie Eleanor, eldest daughter of the Rev. J. H. and Mrs. Hudleston, of Cayton Hall, Ripley, Yorkshire.

Deaths.

ROPER.—On April 13th, at Arundel House, London Road, Croydon, Alfred George Roper, F.R.C.S. Eng., aged 77 years.

SHARP.—On April 10th, at Llandudno, William Sharp, M.D. Lambeth, F.R.S., of Rugby, aged 91.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

MAY 9, 1896.

Griffin Claw.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

GENTLEMEN,—In furtherance of the scheme that my course of clinical lectures shall mainly have reference to fractures and their complications, I shall to-day describe to you, and present before you, a case now in Accident ward of Griffin hand; a complication not common, yet now and again met with, and generally the result of a fractured arm or forearm; though it may come from injury to certain nerves from other causes, as from unreduced dislocations of the shoulder, or from accidental nerve division.

I must first remind you of the following anatomical facts, viz.: That the ulnar nerve supplies all the intrinsic hand muscles, except two and a half muscles of the thumb, and the two outer lumbricales; that the median nerve supplies the other intrinsic hand muscles; that it is the office of the lumbricales, and to some extent the interossei, to extend the second and third phalanges of the fingers; that the flexor sublimis and the flexor profundus are only flexors of the last two phalanges of the fingers, the first phalanges being flexed by the interossei. (In this connection, I may mention that Duchenne has recorded a case in which the long flexors being paralysed, only flexion of the first phalanges was possible—the second and third phalanges becoming eventually hyper-extended—and this flexion-power over the first phalanges, though only due to the apparently insignificant interossei, was such that, the patient, a man, could hold a weight of 15 kilos when hooked on to the first phalanx of the index finger*). Lastly, the extensor communis digitorum extends only the first phalanges, which, by-the-bye, Duchenne considers a very good arrangement, as assuring a position of the fingers often very useful. I presume he refers to scratching, and certain pugnacious attitudes! Stored with this anatomical knowledge, we now will endeavour to unravel the complexities of the Griffin hand—this will be the more interesting and intelligible if I quote a case or two, commenting on each.

J. D., æt. 13, was in Lazarus, November—December, 1885, under my care. Eighteen months before, he had divided his ulnar nerve and his flexor carpi ulnaris at the wrist. When admitted, he had fair sensation in the ring and little fingers, but they were both carried in the "Griffin" position, viz., flexion of the two terminal phalanges with hyper-extension of the first phalanges. The muscles of the little finger and two and a half of the thumb were also wasted, and there was marked wasting between the metacarpal bones. I operated on the divided nerve, and found the ends separated by three-quarters of an inch, the upper end being bulbous. After being pared, the ends were joined by suture; the nerve united, and in September, 1886, all movements of the fingers were perfect; and later still, I find a note added to the Hospital report that recovery was complete.

This case is a first step in the evolution of Griffin hand. The two inner lumbricales being paralysed, the two end phalanges of the ring and little fingers could not be extended, and were by the unopposed action of the long flexors kept flexed, whilst, also, the interossei being paralysed, flexion of the first phalanges in these two fingers was lost, and hence the common extensor had unopposed play, and brought these bones into the position of forced extension.

The following case carries us further; it was published by M. Debout in 1853.†

* Duchenne, Electrisation Localisée. Ed. 1872, p. 970.

† M. Debout, Paralysie Traumatique Localisée. Memoires de la Societé de Chirurgie de Paris, vol. iii., 1853, p. 334.

A man, æt. 25, was in the Hotel Dieu, Paris, 3rd February, 1850. He had dislocated his shoulder, and twenty-four hours elapsed before it was reduced. After the reduction, the limb was found totally paralysed, and in a month had atrophied, whilst the now wasted hand lay stretched out in the "cadaveric position." He was treated by Duchenne, with the interrupted current, with gradual improvement, but the treatment was often stopped for some weeks by the patient's absence from Paris; and when, after such an absence, at the end of two and a half years from the accident, he was again seen, the arm had improved in development, but the hand, instead of being carried like a dropped dead hand, was little else than skin and bone, and carried in the Griffin position, viz., all the fingers were flexed at their first and second phalangeal joints; the first phalanges were hyper-extended, and the wrist was forcibly flexed; the flexor tendons in the palm and at the wrist appeared like stretched cords; all the intrinsic hand muscles were wasted; and the thumb was carried straight, between flexion and extension. If, to this description, I add that slight movement of the end of the thumb remains from the action of the long flexor and extensors—though this was not the case in the instance just quoted—you have a complete picture of Griffin hand.

The explanation of the appearances presented by the case just quoted is this: Originally the dislocated humerus stretched all the three cords of the plexus; total paralysis followed—the "dead hand" and wasted limb. After the lapse of many months, partial recovery occurred; the musculo-spiral nerve resumed its functions, the ulnar and median still remaining paralysed; and now the hyper-extension of the first phalanges by the recovering extensor communis digitorum, produced the characteristic deformity that I have described. There is one thing that is difficult to account for. It is the flexed wrist; it is only present in bad cases, and when present it is increased by attempting passively to extend the last two phalanges. It is open to you to believe it is the result of some reflex irritation, though I know no proof of this; but I think the more likely explanation to be, that the direct opponents of the long flexors of the fingers being paralysed, these muscles undergo that tissue-shrinkage which is always seen when a muscle is carried long in the relaxed position. Then comes in the hyper-extension of the first phalanges which now tightens the flexor tendons, and then either they must stretch or accommodate themselves to the pull by flexion of the wrist. Some support is given to this view by the fact that the wrist flexion can be much and quickly improved by the use of a straight splint, its action being apparently that of slow stretching of the flexor muscles.

I now briefly refer to a third case, which resembles the one I am about to show you, as it resulted from fracture.

Fred. S., æt. 13, a schoolboy, sustained in August, 1892, a simple fracture in the middle of the forearm, of both bones. It was put up by his doctor in the usual way; examined in three weeks, and all was found well. For some reason the splints were re-applied for another four weeks: and then when removed, a complete Griffin claw was revealed. A month later I saw him. The deformity was just that which I have already described; but sensation in the hand was only partly lost; the little and ring fingers were more "clawed" than the middle and index, this latter least of all. The wrist was strongly flexed. The bone union seemed perfect; but a thick mass of callus was developed on the ulna, in which I suspected the ulnar nerve was involved. I cut down upon the nerve from the inner side of the forearm (between the flexor sublimis and flexor carpus ulnaris), and found a firm mass of callus, through which the nerve ran; the nerve at this point was also bent out of its course at a large angle. I freed the nerve by cutting away the thickened tissue; and as the thickened tissue did not seem to extend to the middle of the forearm, I did not seek for the median nerve. In three weeks, sensation was normal; galvanism was ordered. In July, 1893, the hand had recovered in bulk and in movement, except the muscles of the thumb. In February, 1894, I made the same note of the case. Recovery was perfect, except in the thumb muscles. I have since regretted I did not explore the median nerve; the non-recovery of the thumb muscles suggests at least a partial binding down of the nerve interfering with its full functions.

Fractured forearm is not the only fracture that may cause Griffin hand. I have seen it after separated lower epiphysis of the humerus; where three causes may exert their bad influences, viz., maladaptation of the separated bones, too much callus, and an anterior right-angled splint, too little padded, too tightly jammed into the bend of the elbow, and too long retained there. The median nerve seems especially endangered by the last two, the ulnar nerve by the first.

The last case I will mention is the subject of this lecture. S. M., æt. 10, is in Accident ward,

and was admitted 17th November, 1895, with a crushed left arm. The humerus was broken in two places, *i.e.*, about one inch above the elbow, and two inches higher again; both forearm bones were broken at the middle. There were various wounds, and the whole arm was severely ecchymosed and distended with blood. Complete anæsthesia was noticed of the forearm and hand, but as this disappeared in a week, it may have been only due to the great bruising of all the soft parts. The arm was slung in a swing, and dressed *secundum artem*, but just at Christmas-time, when the arm and hand were fully exposed, all bandages being then removed, Griffin hand was for the first time noticed. I need not describe this condition again. I will only point out how the lad now is, for he is certainly better for galvanization, and judicious splinting to overcome flexor contraction. Now he has some power over the thumb, and appears to use his flexor longus pollicis; he can by voluntary effort extend still more his first phalanges, but over the two last he has practically no control. The wrist, though still flexed, is much better than it was, but the flexion is augmented the moment a passive attempt is made to extend the last two phalanges. There is a large mass of callus in the front of the humerus, in the path of the median nerve; the nerve can easily be felt below it, and traced up to it, but not further. Also in the forearm, at its middle, there is thickening of the ulna where the fracture was, and the thickening extends across, nearly to the radius. I propose cutting down on to the ulnar nerve between the flexor carpus ulnaris and flexor sublimis, and after exploring it and freeing it if bound down, to continue the dissection toward the middle line, and expose the median through the same incision. I cannot determine for certain whether the median nerve is bound down by the callus in the humerus or not; but at a subsequent operation, this spot may be explored also.

As to prognosis in this case, provided we can free the nerves from any pressure, and continue passive movement and galvanism, I should hope for great improvement, at least, to the extent of his having a useful hand; but treatment must be continued many months.

Since this lecture was given, the operations above proposed have been carried out. The median nerve in the arm ran over the callus in the humerus, but was in no way interfered with by it. The ulnar and median nerves in the forearm were both alike found bound down with strong fibrous adhesions for about one inch. The adventitious fibrous tissue was firm, red and congested, and so obscured the nerves that to be certain of their position each had to be traced from below up, when they could be seen emerging from their adhesions almost as though they were emerging from a sheath. The adhesion-sheaths were slit up; the nerves to the eye appeared healthy and uninjured. Primary union after each operation resulted, and the lad is continuing massage and electricity; but at present (Feb. 20) there is no marked improvement. The patient's own active efforts are all-important, but the lad being too young to appreciate the necessity of his own endeavours, keeps the hand idle, and so does not aid us in recovering the use of the still wasted and paralysed muscles.

Two Cases of Thoracic Aneurysm.

CLINICAL LECTURE BY DR. W. HALE WHITE.

Gentlemen,—The two men you see before you are both suffering from a thoracic aneurysm, and to-day we will go over the chief points of interest in this disease.

Case 1.—A stoker, aged 30, who has had very hard work, who has drunk freely, and who has had ague frequently, was admitted for severe pain in the left chest and difficulty of breathing. About seven months ago he first noticed pain in the upper part of his chest on the left side, and a month later he was seized with an attack of coughing, and brought up some blood. Since then his voice has been weak, he has been troubled much with cough and shortness of breath, he has often brought up blood, and the paroxysms of pain starting in the upper part of the left chest and radiating into the left side of the neck and to the left scapula, and down both arms—especially the left—have been agonising and so constant that he cannot sleep and now he is in continual pain, which is only varied by the frequent onset of extremely severe paroxysms. He complains of difficulty of swallowing.

If, now, you look at him you will see that his very expression shows the constancy and severity of the pain. He spends most of the day sitting up resting his head on his hands and coughing frequently.

Case 2.—This man is a waterside labourer, aged 40, who came in for pain in the back. He has had syphilis, has drunk freely, and worked hard. About four months ago he began to complain of cough, and about the same time he had a gnawing pain in the back between the

left scapula and the spine. Not long after this he began to suffer from shortness of breath and cough, and he soon had to give up his work.

If we now examine the chest in these two cases, you will see that in both there is an area of dulness in such a position that it might be due to an aneurysm, and whenever that is the case you must carefully seek for any other signs of a thoracic aneurysm, and as you do so you must consider whether they are due to an aneurysm or an intra-thoracic growth. We will now do this, and the symptoms may be roughly divided into those due to the presence of a vascular tumour, direct pressure signs, and reflex pressure signs.

Symptoms of the presence of a Vascular Tumour.

1. *Dulness.*—As already mentioned, you must carefully consider whether this is in such a position that it could be produced by an aneurysm. In our first case it extends upwards and to the left from the third part of the arch, and in the second it is to the left of the spine, just above the angle of the scapula, and when a thoracic aneurysm occurs on the descending thoracic aorta, this is the commonest seat for it.

2. *Tumour.*—In our first case there is slight prominence of the upper part of the left chest, and in the second you can see a large prominence in the back, the size of a very large orange. If the aneurysm is deep-seated, and is not growing towards the surface, a tumour is not seen during life.

3. *Pulsation.*—You must examine this most carefully, for mistakes are very easy. If it is due to an aneurysm, the pulsation is expansile, as you can see beautifully in our second case. Growths so vascular as to cause expansile pulsation are so excessively rare in the chest in comparison with aneurysm that expansile pulsation is of the utmost importance in pointing to an aneurysm. On the other hand, if the pulsation is simply transmitted, and therefore non-expansile, then we are dealing with some extraneous tumour pressing on a vessel, and not an aneurysm. The only fallacy here is one that I was able to show you a year ago, namely, that when the aneurysm is very full of blood-clot, it becomes really an extraneous tumour on the vessel, and the pulsation is transmitted and not expansile, but this is very rare.

4. *Systolic murmur.*—There is nearly always a systolic murmur, usually soft and blowing, over an aneurysm, and it is a very important sign. Our first patient has one, but our second case has not, probably because the orifice of his aneurysm is very large. You must always try to make out from other signs that it is not due to pressure of a tumour on a vessel, nor to cardiac disease.

5. *Diastolic murmur.*—It is excessively rare for this to be produced in an aneurysm, but it may exist. Whenever you hear a diastolic murmur it is nearly always due to the fact that the patient has aortic valvular disease as well as an aneurysm, and as the pulse is somewhat aortic, and the heart is much hypertrophied, this is the most likely cause of the diastolic murmur heard in our first case. In quite exceptional cases an aortic aneurysm ruptures into the pulmonary artery, and then if the patient survive there is sometimes a diastolic murmur. The fact that our patient got suddenly much worse while lifting a weight suggests this cause for his murmur to us. Our second patient has not got a diastolic murmur.

6. *Thrill.*—Neither of our patients present this symptom. A thrill is hardly ever produced in a sacculated aneurysm, and if you feel one which is from its position not caused by disease of the heart, it is almost certainly due to either a dilated arch of the aorta, pressure of a tumour on a vessel, or some communication between the pulmonary artery and the aorta.

7. *Accentuated aortic second sound.* — In neither of our patients can you hear this, but when the aneurysm is near the aortic valves you often may, for the mass of blood thrown into the aneurysm at each systole drops back suddenly on the aortic valves and so brings them together very sharply.

8. *Early diastolic shock.*—This, too, is absent in our cases, but it may be noticed in cases in which the aneurysm is near the aortic valves if you place your ear on a wooden stethoscope which is on the aneurysm. It is produced in this manner. The blood in the aorta which has fallen on the aortic valves closes them, and the instant they are closed a recoil wave starts back from them, this meets the blood pouring out of the aneurysm—for if this has a narrow orifice it takes some time to empty—and hence this recoil wave temporarily checking the emptying of the aneurysm, produces a shock felt by the ear in the early part of the diastole.

9. *Shock of impulse.*—To appreciate this you must also use a wooden stethoscope. It is merely the transmission to your ear of the expansion produced by the blood entering the aneurysm. It is noticeable in both our cases, but is of little value, for it may be felt over a tumour which presses on a vessel, but the

seventh and eighth signs are almost conclusive proof of the presence of an aneurysm.

10. *Systolic murmur over the trachea.*—If the aneurysm is in contact with the trachea or a large bronchus these structures conduct the aneurysmal murmur very well. On placing your stethoscope over the trachea you can often hear the murmur; it is very audible in our first patient.

11. *Systolic murmur audible in the mouth.*—When the murmur is loud and the trachea conducts it up very well, if the patient puts the chest-piece of a binaural stethoscope into his mouth and shuts it around it you can sometimes hear the murmur. In our first patient it is very loud.

12. *Tracheal tugging.*—When the aneurysm is so placed that each expansion of it presses down one of the bronchi, the whole trachea is pulled down so that if the patient sits up with his head thrown back, and you stand behind him and place the forefinger of each hand under his cricoid cartilage and pull the trachea up, at each systole you can feel it tugged down from you. It is so marked in our first patient that I think you can see my fingers pulled down. These last three signs are very strong evidence of aneurysm.

Pressure Signs.

1. *Pain.*—This is of two sorts—local, which is caused when the aneurysm, coming to the chest wall, presses directly on the sensory cutaneous nerves, and radiating, which is due to pressure on the nerves supplying the diseased aorta. The pain radiates over those cutaneous areas which are supplied from the same segment of the cord as the affected part of the aorta. Both patients have the local pain very well marked. The second case has not much radiating pain, but in the first patient it is agonising. When radiated pain is very severe it spreads into areas of skin which are supplied by segments of the cord contiguous to those in connection with the diseased part of the arch of the aorta, and so in our first patient, his fearful pain spreads not only over the front of both sides of the chest, and down both arms, especially the left, but also over the whole of the left side of the neck.

2. *Cutaneous tenderness.*—You know that when any viscus is diseased you may often find that the cutaneous area supplied by the same segment of the cord as the diseased viscus is tender. Thus, in aortic disease you get a definite tender area down the inner side of the left arm. These tender areas were first fully worked out by Dr. Head. In our second patient they are absent, and in our first, owing to the severity of his pain, the tender area is so wide that, like the reflected pain, it has lost much of its anatomical significance, for the whole area over which he feels pain is tender when touched with the head of a pin.

3. *Anæsthesia.*—At first sight you might think that when, as a result of pressure, one of the intercostal nerves was destroyed, there would be much cutaneous anæsthesia; but this is not so, for you will remember that the areas of distribution of the cutaneous sensory nerves overlap, so that there is no piece of skin which is not supplied by two or three nerves. An aneurysm rarely presses on enough nerves to cause cutaneous anæsthesia, but in our second case enough intercostal nerves are destroyed for him to have a more or less irregular band of anæsthesia an inch or two wide round his chest. Please remember that this sign is very rare. All these first three pressure signs may be present in growth.

4. *Pressure on the left recurrent laryngeal nerve.*—This, as it winds round the arch of the aorta, is very frequently pressed upon by an aneurysm. The abductor and adductor fibres run in separate bundles in the nerve, and are so placed that the first effect of pressure on the nerve is to paralyse the abductor, with the result that the left cord is adducted to the middle line and does not move during inspiration. This produces no effect on the voice or speech. Later, both sets of fibres are paralysed, and the cord, as in our first patient, lies in the cadaveric position, midway between abduction and adduction, and the healthy cord moves over beyond the middle line in phonation. The obvious effect of this paralysis is that the voice is low pitched and hoarse, and cough is difficult. You will notice these effects in our patient. It may help your memory to observe that the effect of stimulating the cortex is the same as the first effect of pressure on the recurrent nerve, namely, the cord is adducted. This is because the centre for adduction is more excitable than that for abduction, and very close to it. In some animals they can be separately excited, and in those in which they cannot, if the adductor fibres in the recurrent nerve are cut, stimulation of the cortex produces abduction.

5. *Sympathetic.*—The fibres leaving the spinal cord by the first left dorsal nerve and going up the cervical sympathetic trunk are often pressed upon by a thoracic aneurysm. If, as in our first case, the pressure is sufficient to paralyse the nerve, the symptoms produced are:—

(*a*). *Contraction of the pupil.*—This is by far the most constant symptom, but you must remember that even during health the two pupils may vary considerably in size. The contracted pupil will react to light, accommodation, atropine and eserine; the contraction is permanent so long as the pressure remains.

(*b*). *Narrowing of the palpebral aperture.*—This is very rare; our patient does not show it. The narrowing is due to the contraction of the smooth muscular fibres which exist in the upper and lower lids, the lower lid ascending a trifle and the upper lid descending, although it can still be raised voluntarily by contraction of the levator palpebræ.

(*c*). *Retraction of the eyeball.*—This, though seen experimentally in animals, is excessively rare in man, and even when present is very slight. It is probably due to the paralysis of the fibres of Müller's muscle which lines part of the orbit, especially the aperture between it and the spheno-maxillary fossa.

(*d*). *Slight internal strabismus.*—This I have seen once, although our present patient does not show it. It is due to the fact that the external rectus gets a slight supply from the sympathetic.

(*e*). *Vascular dilatation.*—This, too, our patient does not show; it is very rare in man, but I have seen it. When present it is much more limited in man than in animals, for it is confined to the side of the face and the ear. The retinal and conjunctival vessels are never affected in man.

(*f*). *Rise of temperature.*—This is a result of the last, and is therefore only noticed when the vessels are dilated.

(*g*). *Diminution of the secretion of sweat.*

(*h*). *Diminution of salivary secretion.*

(*i*). *Diminution of the lacrymal secretion.*—All these three unilateral effects have been observed in animals, but they are very rarely met with in man. Our patient considers that all three secretions are very slightly increased on his paralysed side, but probably he is in error.

(*k*). *Nutrition.*—In young animals there is a slight want of growth on the side on which the nerve is paralysed, but, as far as I know, this has never been observed in man. It is clear that all these sympathetic symptoms might be produced by a tumour as well as an aneurysm.

6. *Phrenic nerves.*—It is excessively rare for either an aneurysm or a growth to cause any symptoms due to pressure on these nerves.

7. *The spinal cord* may be compressed by an aneurysm of the thoracic aorta, and then the patient will suffer from the consequent sensory and motor symptoms. They could hardly be present in our first case, but it is rather surprising that we do not see them in the second. Growth may produce the same effects.

8. *Unequal radial pulses.*—You will often see great stress laid upon this as a sign of aneurysm, but its importance is much exaggerated. I have often pointed out to you that healthy people may have unequal pulses, and, as in our first case, they may be quite equal when there is obviously an aneurysm present. When an aneurysm makes the pulses unequal it does so either by direct pressure on the innominate artery or the left subclavian, or by altering the shape of the orifice of one of these vessels. It is a rare symptom of growth.

9. *Enlarged veins* rarely result from pressure of an aneurysm, because it is difficult to obstruct the circulation through veins by slowly increasing pressure from without. Neither of our patients show enlargement of the veins. On the other hand, dilated veins are common in growth, for malignant disease appears to have a special predilection for growing into veins and obstructing their calibre, so that whenever the superficial veins are very prominent the great probability is that you are dealing with a case of growth.

10. *Œdema.*—This goes with the venous distension, so it is rare in aneurysm. It is usually the arm which shows the œdema.

11. *Thoracic duct.*—It is strange that, however much the thoracic duct is pressed upon by either an aneurysm or growth, no symptoms appear to result therefrom.

12. *Trachea.*—Pressure upon this causes stridor and dyspnœa, and in rare cases a bulging may be seen on laryngoscopic examination.

13. *Bronchus.*—Pressure upon this leads to dyspnœa, unilateral stridor, pulmonary collapse, and deficient entry of air into one lung. Often with an aneurysm there is bloody expectoration. This may be due to congestion of the bronchial mucous membrane or lung, or to the fact that blood oozes through the laminated clot of the aneurysm, at a spot where this has eaten its way through the wall of the bronchus. This expectoration of blood may go on for years before the patient dies. Our first patient has much dyspnœa and bloody expectoration. Growth will be just as likely as aneurysm to

cause these symptoms, due to pressure on the trachea or bronchus.

14. *Vessels and nerves at the root of the lung.*—Either a growth or an aneurysm may lead to bronchitis, hæmorrhage into the lung, and not infrequently gangrene of it.

15. *Œsophagus.*—Pressure upon this by either growth or aneurysm causes dysphagia, and consequent wasting.

16. *Lungs.*—Either form of pressure on the lungs leads to displacement of parts of them, and the displaced portions become compressed and solid, and round these compressed parts there is much bronchitis. There must be considerable compression in our first case, because there is complete dulness in front, above the third rib, and behind, above the upper border of the scapula.

Reflex Signs.

1. *Paroxysmal dyspnœa.*—This is especially marked in aneurysm, and our first patient gets very severe attacks of dyspnœa.

2. *Brassy cough.*—This is a very important sign of aneurysm, and almost diagnostic, but not quite so, for two years ago we had in the Clinical wards a man with a typical brassy cough who had a mediastinal growth.

Often a patient with an aneurysm presents neither dulness nor a tumour, but then you will be guided in your diagnosis by the other signs we have mentioned.

Rupture.

A thoracic aneurysm may rupture into—

1. The trachea or a bronchus. } The commonest.
2. The pleural cavity. }
3. The œsophagus. }
4. The pericardium. } Rare.
5. Externally. }
6. The pulmonary artery. } Very rare.
7. The superior vena cava. }

Rupture at one of the first five seats is immediately fatal. Cases which rupture into the pulmonary artery may be divided into three groups, viz., those which die immediately, those which die very shortly, and those which live some time. About a quarter of the cases fall in the first group, a quarter to the second, and a half in the third. This last is the most interesting. The patient tells you that he was suddenly taken much more short of breath than usual, and on listening to him you usually hear a long murmur, prolonged through both systole and diastole, and loudest at the left of the sternum, at the level of the third rib, where you feel a thrill. In a few cases only a systolic murmur can be heard, and in a few others there is heard over the aneurysm a to-and-fro murmur exactly resembling in character that usually noticed in aortic disease, but whatever murmurs you hear you nearly always feel a thrill. You will notice that it is possible that the to-and-fro murmur heard in our first case may be due to a rupture into the pulmonary artery, but I have already given you reasons against this view; and further, this patient has no thrill.

Rupture into the superior vena cava is excessively rare and is often fatal at once, but if the patient survive, you have a long swishing murmur on the right of the sternum, and you notice that the lividity is confined to the head, neck, arms, and upper part of the trunk.

Ætiology.

Often no cause can be assigned, and some persons are occasionally seen who seem to be especially liable to aneurysms in any part of their body, but aneurysms of the thoracic aorta are nearly always due to either syphilis or strain, or both, and some authorities consider that excessive indulgence in alcohol is sometimes responsible. When due to malignant endocarditis aneurysms are on small vessels—for instance, the last I saw were on the vertebral and the hepatic arteries—and, therefore, when dealing with an aneurysm of the thoracic aorta you need not consider malignant endocarditis.

Diagnosis.

We have incidentally pointed out how to distinguish an aneurysm from a growth. You must also be on the outlook not to confound a considerable dilatation of the arch of the aorta with a sacculated aneurysm. Disease of the aortic valves is especially likely to give rise to a mistake, and when the aneurysm is on the intrapericardial part of the aorta a mistake is particularly easy. Curvature of the spine may lead to a wrong diagnosis in three ways. As a result of the curvature the second part of the arch may be displaced up and to the right; the dulness which is met with close to the curve may be mistaken for that of an aneurysm; and lastly, the erosion of the vertebræ may lead to a curvature. At different times we have had examples of all these fallacies in the wards.

Treatment.

So few minutes are left that I can say but little about this; nor does it matter much, for, unfortunately, we know of no means of causing a clot to form in a thoracic aneurysm, and that is the only way a cure can be effected. In a few

exceptional cases a natural cure takes place. Why these aneurysms should clot we are quite unable to say; they may do so under conditions apparently most unfavourable. Thus, not long ago, we had a case in which we were able to feel what we correctly, as it turned out, thought to be a cured aneurysm springing from the front of the abdominal aorta. You would have thought a cure here impossible, considering that whenever the man lay down the tendency of the blood in the aneurysm would be to fall back into the aorta. On the other hand, you would think that if our second patient were kept on his back the conditions would be very favourable to clotting, but his aneurysm is growing rapidly in spite of rest in bed, and the last one I saw in the same position grew very rapidly, although the patient was kept strictly on his back. The great discovery for someone to make is what is the factor that induces the clotting in the natural cures. One thing is quite certain, that the clot produced is quite different from the clot that can be produced outside the body; it is a hard laminated clot which cuts like cheese, and is not at all similar to the jelly-like clot which is seen in the laboratory.

Distal ligature of the subclavian and carotid is never justifiable for a thoracic aneurysm, even if it seems to you to be confined to the innominate artery or the thoracic portion of either the left subclavian or left carotid, for in these cases the arch of the aorta is always implicated, the operation is very serious, and the vessels which it is proposed to ligature are usually bad. Nor is the introduction of foreign bodies, as wire, hair, or electric needles to be recommended, for satisfactory clotting is not produced. I have seen the jagged ends of eroded ribs sticking into an aneurysm, forming most excellent foreign bodies, and yet no clotting took place. Some surgeons have passed needles into the sac and scratched the opposite side of it, but this is not often done.

Tuffnell's treatment has frequently been tried, but it is doubtful whether any benefit follows from it. I have never seen it do any permanent good. The patient may be better while he rests in bed, but that is all. More than once I have seen the aneurysm rupture a few days after the patient was allowed out of bed after months of rigid Tuffnell treatment. Iodide of potassium has been recommended, but this too appears to be of little benefit. It has been advised that patients should be fed largely on fat, but this also has failed whenever I have tried it. Calcium chloride is the last drug advised. It undoubtedly can, outside the body, increase the coagulability of the blood, but at present I have seen no good results follow its administration in cases of aneurysm. As the inhalation of carbonic acid gas has been recommended, we are going to try it and give calcium chloride, but I am not very sanguine. In fact, all these modes of treatment are wrong in principle, for our object should be to produce a local clotting, while all these methods increase the clotting power of the blood generally. It is a melancholy conclusion, but I am afraid we can do nothing to cure a thoracic aneurysm. It will be your duty to put this to the patient, and point out to him that if he continues his daily work he, in all reasonable probability, cannot live long; if he lies down and leads quite an idle life, he can live a little longer. I believe that most would, like Dr. Fagge, choose to die in harness.

Fortunately, you can do much to relieve the pain. Morphia is here your sheet anchor. Bleeding, too, often acts like a charm, but it has failed in our first patient; but he, like some others, finds his pain relieved by taking Iodide of Potassium. When the pain is paroxysmal, nitrate of amyl inhalations may benefit it.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	44.	Pericarditis. Mitral stenosis and regurgitation. Aortic regurgitation.
Philip	20.	Aortic stenosis and regurgitation.
	34.	Mitral stenosis.
Stephen	7.	Mitral regurgitation. Bronchitis. Enlarged liver.
	20.	Aneurysm of thoracic aorta.
	21.	Aortic stenosis and regurgitation.
	30.	Congenital heart disease. Pulmonary stenosis.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	38.	Aortic and mitral regurgitation.
	40.	Mitral and tricuspid regurgitation.

Nervous System.

Mary	17.	Sciatica.
	20.	Hysteria.
	25, 33, 46.	Chorea.
	50.	Hysterical paraplegia.
Philip	1.	Headache. General debility.
	3, 38.	Sciatica.

Philip	4.	Compression paraplegia. Malignant disease of spine. Laminectomy.
	10.	Right hemiplegia.
	30.	Left hemiplegia.
	31.	General paralysis of the insane.
Stephen	9.	Chorea.
	11.	Muscular atrophy. ? Post-typhoidal neuritis.
	22.	Cerebral syphilis.
	32.	Locomotor ataxy.

Alimentary System and Abdomen.

Mary	3, 9.	Gastric ulcer.
	52 (Cot).	Acute glossitis.
	10, 13.	Appendicitis.
	11.	Typhoid fever.
	15.	Chronic dyspepsia.
	18.	Jaundice. Enlarged liver. Distended gall-bladder.
	26.	Gastric catarrh.
	32.	Dilated stomach.
	45.	Ascites. Cirrhosis of liver.
	47.	? Hydatid of liver.
Philip	2.	Ascites. Carcinoma of liver.
	8.	Typhoid fever.
	25.	Tuberculous peritonitis.
Stephen	3.	Enlarged spleen. Enlarged liver. Cirrhosis.
	6.	Enlarged spleen. Anæmia. Leucocytosis. Retinal hæmorrhages.
	24.	Membranous colitis.
	27.	Ascites. Cirrhosis of liver.
	31.	Colic. Constipation. Plumbism.

Respiratory System.

Mary	4.	Pleuritic effusion. Ascites.
	16.	Pleuritic effusion.
	28.	Phthisis.
	36.	Chronic bronchitis.
	40.	Basal phthisis.
	42.	Pleurisy.
Philip	19.	Phthisis.
Stephen	8.	Phthisis. Lardaceous kidneys.
	12.	Bronchitis. Ascites.
	23.	Bronchitis. Adenoids.
	28.	Lobar pneumonia.
	29, 35.	Phthisis.
	34.	Right apical pneumonia.

Genito-Urinary System.

Mary	5, 49.	Tubal nephritis.
	30.	Moveable kidney.
	57.	? Renal calculus.
Philip	7, 11.	Tubal nephritis.
Stephen	4.	Diabetes mellitus.
	16.	Albuminuria nephritis.
	33.	Tubal nephritis.

Miscellaneous.

Mary	1.	Late rickets.
	6.	Purpura hæmorrhagica.
	14, 19.	Eczema.
	29.	Pemphigus.
	38.	Acute rheumatism.
Philip	15.	Gonorrhœal arthritis.
	16.	Lupus vulgaris.
	22.	Osteo-arthritis.
	33.	Mycosis fungoides.
Stephen	5.	Ankylosis of cervical vertebræ. Old caries.

In the Surgical Wards.

Cases under Mr. Howse.

Accident	2, 10.	Fractured tibia.
Naaman	2.	Strangulated inguinal hernia; reduction by taxis.
	5.	Epithelioma of lip.
	7.	Epithelioma linguæ.
Charity	3.	Congenital inguinal hernia in female.
	12.	Jaundice. ? Gall-stones.
	18.	Ulceration of chest, legs, &c. Caries of ribs and sternum. ? Tuberculous, syphilitic.
	Cot.	Scalded throat. Tracheotomy.

Cases under Mr. Davies-Colley.

Cornelius	5, 7.	Fractured patella.
Lydia	3.	? Separation of upper epiphysis of femur (old). Enlarged glands in axilla of neck.
	19.	Contraction of scar following burn in axilla. Plastic operation.

Cases under Mr. Lucas.

Accident	8.	Hypertrophied fungi in knee-joint. ? Rheumatoid arthritis.
	19.	Fractured patella.
	26.	Compound fracture of femur.
	32.	Displaced semilunar cartilage.
Lydia	8.	Varicella. Acute arthritis of hip-joint.
Job	2.	Ossifying periosteal sarcoma upper end of tibia. Amputation through thigh.
	5.	Anthrax. Pustule on each cheek.
	9.	Extravasation of urine. Cock's operation.
	21.	Epithelioma linguæ.
	22.	Periostitis of ribs following typhoid.

Cases under Mr. Golding-Bird.

Martha	1.	Glandular abscess in iliac dorsa.
	4, 5.	Strangulated femoral hernia.
	9.	Chronic enlargement of bursa patella.
	17.	Comminuted fracture of bones of forearm.
	20.	Fractured neck of femur.
	21.	? Traumatic epiphysitis, lower end of femur.
	Cot.	Nævus on scalp.
Lazarus	8.	Extravasation of urine. Perineal section.
	10.	Strangulated inguinal hernia.
	16.	Epithelioma of bladder. Hæmaturia.
	19.	Varicose veins. Lateral curvature of spine.
	20.	Dislocation outwards of patella. Genu valgum.
	21.	Inguinal hernia.
Accident	5.	Crushed foot. Compound fracture of metatarsals.
	15.	Pott's fracture.
	31.	Concussion. Bleeding from ear.
Cornelius	1.	? Fractured base.
	4.	Fractured femur.
	6.	Cut throat.

Case for Commentary.

The case published in the last number of the Gazette proved to be one of Enterica and Acute Nephritis. There were undoubted typhoid ulcers in the ilium, some of which were healing. The kidneys were enlarged and very congested, and their cortex very mottled and somewhat swollen.

The Visit of The Prince of Wales.

THERE were few people about the front quadrangle at Guy's on the afternoon of Tuesday last, when a carriage and pair dashed through the gates up to the main entrance, and a little reception committee, consisting of Lord Aldenham, the Treasurer, Dr. Pye-Smith, Mr. Howse, Dr. Perry, Dr. Shaw and Mr. Fripp, came forward to receive The Prince of Wales as he alighted. His Royal Highness was paying his first and practically a surprise visit to this Hospital, to restore whose fortunes he is so generously lending his influence and personal support. Life at Guy's is too well regulated and machine-like in its movements for the place ever to be caught napping, and, as it happened, the Hospital was particularly busy at the time of the Prince's call, so that on his way round the wards he saw the arrival of various fresh cases. His Royal Highness was first conducted over the Medical Building. In Mary ward one of the physicians was going round with a large clinique, and the Prince listened to the teaching with keen interest. From this scene of beneficent usefulness he passed into the desolation of the empty wards, empty for lack of a sum which could be so easily supplied, and worse still, empty while cases which could be relieved and lives which might be saved by hospital treatment have to be turned away daily.

The Out-patient Department, now thronged with those waiting to be seen or for their medicines, and the Dispensary, where those medicines are prepared on a scale so vast as to strike the dullest imagination, were next visited, and His Royal Highness was initiated into the mysteries of the manufacture of aerated waters and the preparation of pills. From the Dispensary, across the road to the Pathological Museum, memories of his close association with the Royal Commission on Leprosy stimulated the interest of His Royal Highness in the representations of the effects of that dread complaint here contained. Before leaving the Museum, the Prince, acceding to the request of Mr. Betts, graciously signed his name in the visitors' book, and was then conducted to the Anatomical Museum, where he listened with interest to the history of Joseph Towne. From the Anatomical Museum to the Eye wards is a short step, and the Prince heard with satisfaction that Guy's possesses the largest wards for diseases of the Eye attached to any London hospital, and in addition the well-equipped operating room attracted marked attention.

In Clinical a little halt was made, and His Royal Highness took tea in the Sister's room, with the Sister and the Matron. Moving from thence to the Dental Department, the Conservation room with its fifty fully equipped chairs, came quite as a revelation to the party, and now the Surgical Building was reached again, and the Prince found Accident ward, as all visitors do, full of interest. He was much struck by the Hodgen method of putting up fractures of the thigh, and asked many questions of a patient who had by this process been completely relieved of pain from the first. In this ward was a little boy suffering from the effects of a fall from a height of fifty feet, who had asked the Sister to get the Prince to speak to him. It is perhaps hardly necessary to add that on the request being made known His Royal Highness immediately gratified the wishes of the small sufferer. Several other surgical wards were visited, some time being spent in Dorcas, and the new and old operating theatres both received detailed inspection. His Royal Highness finished his tour of the Hospital proper by a visit to that best known of all her departments—the front surgery. The Residential College was not neglected. In that and all the auxiliary systems of the Hospital—the Clubs' Union, Nursing Institution, Laundry Hostel and so on—the Prince manifested a genuine interest, and remarked as the party retraced their steps to the front, "this place is a town in itself."

By this time His Royal Highness had been universally recognised throughout the Hospital, and the news of his presence had spread beyond the walls. The majority of the students had formed along the colonnade and down the entrance steps, and as the Prince emerged from the door of the Counting House and regained his carriage, the sonorous voice of Mr. Every-Clayton gave the signal for three great great cheers, to be renewed in shriller chorus a moment later by the potential patients without the gates. The spirit of old Thomas Guy was more cheerful that night, for it foresaw in the first visit of the Prince of Wales the renewed prosperity of his noble Charity.

WE are glad to note that the Committee of the Medical Library, University College, Bristol, have kindly responded to the appeal made in our last issue on behalf of Guy's set of the *Lancet* by sending us vol. ii. for 1840–1, and vols. i. and ii. for 1842–3. Those still required to make the Library series complete are vol. i., 1840–1; from vol. i., 1843–4 to vol. ii., 1848, and vol. i., 1866. Donations of any of these volumes will be very thankfully acknowledged.

Passim.

Some eight weeks ago we had occasion to relate the first unofficial visit of Royalty to the Hospital. As it has been remarked, with the usual unblushing exaggeration of a proverb, "It never rains but it pours"; and on Tuesday last we were honoured by a visit still more august than before—a visit from H.R.H. The Prince of Wales. We give an account of the visit in another column, and need only add that by the fact of the visit, and by the keenness with which for the space of two hours the Prince examined minutely every corner of our hospital-village, fresh proof has been given of the interest taken by him in our fallen estate. A message arrived from the Prince the following day saying he wished it to be known that he had been greatly pleased and much interested in all that he had seen. We trust that the visit gave as much pleasure to the visitor as it undoubtedly gave to the patients, and to all interested in the welfare of Guy's.

And now, gentle reader, comes the moral of the tale. It is too obvious to require many words. It is but necessary to point out that if Royalty do their share of the work in bringing the Hospital before the public gaze, it is ours to give backbone to the undertaking and vow that the present effort shall be a success. Collecting books are to be given in to the Treasurer's office in a week from this date, and terrible will be the prickings of his conscience who does not make full use of the remaining time.

It is to be feared that many are worried to death with this continual cry of Sustentation. With some it is the many disappointments met with in asking for subscriptions, with others it is the fear of rebuff, that induces a spirit of compromise, whereby the collecting-book is put on the mantel-shelf and left there in the hope—the vanity of which is fully recognised—that some friend will come into the room and subscribe his name for £100. We will even admit ourselves to have thought severe things on the subject. But we have started in the race, and are bound to stay to the finish. The bell has rung for the last lap. Now is the time to catch our men.

The virtues of individual persons are apt to be overlooked in so great an undertaking as the present. But we are at least able to sing those of the two Guy's men who have organised and carried through two highly successful entertainments on behalf of the Sustentation Fund. The concert at Beckenham, and the performance of the Bancroft Amateur Dramatic Club at St. George's Hall, Langham Place, were well patronised, and both passed off with the success ensured to them at the outset by the names of the organisers.

Amongst the numerous prospective arrangements on behalf of the Re-endowment Scheme, of which further particulars will be seen in the Re-endowment column, and in the placards panelling one end of the colonnade, notice must more especially be made of that at the Star Music Hall in Bermondsey. The talent of the halls and theatres south of the river has a smack of originality in it which makes their entertainments a necessary part of our Guy's education; and if there be any—and we must confess that we are among the number—who have not yet visited the Star, they must assuredly do so on Wednesday next, and assist in making the performance a success. The generosity of the Manager in arranging for it is worthy of further reward than a casual glance at the posters for lack of better occupation while smoking the after-luncheon cigarette. Remember, Abbey Street, two minutes' walk from Spa Road Station. *Adeste fideles.*

It is a pleasant change to turn to some entertainment in connection with Guy's which is not on behalf of the Sustentation Fund. In an extract from some New Zealand paper, which has been sent to us without any clue as to the origin, we hear of a great ball given by Dr. and Mrs. Batchelor, at Dunedin, in honour of the Medical Congress assembled in that town. "The moving throng," in the words and letters of our unknown contemporary, "corruscated like a gigantic kalidescope." Such was the brilliancy of the ball given by one of our most distinguished representatives in the colonial empire.

Talking of New Zealand, we are glad to read that another old Guy's man, Dr. W. E. Hacon, has, with the sanction of Her Majesty the Queen, been enrolled as an Honorary Associate of the Order of St. John of Jerusalem, and has received the insignia of the Order.

Dr. Washbourn is at present physician in John and Miriam wards, and gives clinical lectures in Medicine on Wednesdays, at 1.30,

in the Anatomical Theatre. His subject this week was a recent case of tetanus which died in John ward.

MR. C. J. SYMONDS is giving clinical lectures in Surgery on Fridays, at 1.30.

THE attention of present Students is again called to the urgent need of a shorthand reporter to take down the clinical lectures. These are published, when possible, in the GAZETTE, and form one of its most important features. But the men who have hitherto reported the lectures are coming to the end of their course; they cannot spare the time for the work, and the lectures have at present to be taken down as best they can in long hand. The GAZETTE Committee, however, are willing to pay £10 in the year for good reports of the lectures, and it will be well worth while for some man in the Anatomy Room to set to work to learn shorthand. It is an invaluable acquisition in professional work, while the labour involved in taking down and transcribing the lectures is by no means labour thrown away, apart from the financial point of view. Mr. Reaside, in the front office, will readily give particulars as to learning shorthand. But, above all, if there be a shorthand writer in the Hospital, let him come forward as soon as possible, even if he be not yet an adept in the art.

WE are glad to congratulate Dr. John Fawcett on being re-elected for the further term of one year to the Beaney Research Studentship in Materia Medica. Meanwhile the Beaney Prize for Pathology has not yet been awarded, and competitors for the Bredin Prize, given for the best six clinical reports and commentaries on cases, have submitted their very bulky contributions and are anxiously awaiting the result.

THE subscription fund initiated by the students during the last fortnight for the purpose of purchasing a clock to be presented to the Clubs' Union for the pavilion at Honor Oak Park, has been responded to most cordially, and already, with the kind assistance of Dr. Pye-Smith, a sum of £15 has been collected, which covers the estimate given by Messrs. Benetfink. The clock is to be of such a size that the time may be read at any distance in the field, and is to be situated in the top of the front wall of the pavilion, above the dressing-room window. It is to be in a wooden case, as a protection against the weather, and it is in every way thoroughly guaranteed. We hope, if possible, to have it in perfect working order in time for the Past and Present Guy's meeting on Whit Monday. The Council have expressed their great gratitude to the students in the anticipation of the present, and also their willingness to undertake the fixing in of the clock should such be necessary.

A GOOD fixture-card has been arranged for the Lawn Tennis Club, culminating with the matches for the Inter-Hospital Cup, although vacation matches will very likely be arranged at a later date for the benefit of those of us who cannot be away in August and September. Meanwhile a handicap tournament is being arranged which it is hoped will be a success in discovering new talent and starting the season keenly. The courts are dry and hard, but otherwise in very good order, and it was curious that only one court should have been occupied before and two after tea last Saturday afternoon.

THE Inter-Hospital Cup ties are to be played between June 22nd and 26th. There is to be a Singles Handicap Tournament at Honor Oak, beginning early next week. Names can be entered on the board in the Smoking Room; and the entrance fee, 2s., which must be paid before name is drawn, can be paid to the porter at the College Lodge. The ground at Honor Oak is now in good playing order, and applicants are reminded that there are several vacancies in the Team.

NEW men are wanted to join the Volunteer Medical Staff Corps. Guy's men in the Corps are associated with the men from London and St. Mary's Hospitals, with whom they form No. 2 (London) Company. Junior men especially may be glad of this opportunity of learning something of ambulance work and medical arrangements in the Army. There is also a rifle range connected with the Corps. Intending recruits should apply to Sergeant Dixon or to Corporal H. Stanley Turner.

THE Athletic Sports have been fixed for the afternoon of Tuesday June 9th, and are to take place, as already announced, on our own ground at Honor Oak. A track has been mapped out, and several informal "spring meetings" have already taken place there. It would be an excellent thing if every man who has any athletic ability would take a turn or two round the track after playing lawn tennis,

and manage to get himself into training for our own sports. So only can the Committee make a good selection of representatives in the Inter-hospital meeting. Entrance fees may be paid to any member of the Committee—1s. 6d. for one event, 2s. 6d. for two, and 5s. for the whole programme.

As already announced, the Residents' Dance is to take place on Tuesday, May 19th, at 7.30 p.m., in the Governor's Court Room. Application for allotment of tickets should be made without delay to one of the following gentlemen, Messrs. L. E. V. Every-Clayton, Astley V. Clarke, A. P. Beddard, C. E. Carpmael. Prices as follows—for each gentleman, 8s. 6d.; for each lady, 6s. 6d.

Last week we said something about the editor of *The Hospital* as a matter of fair editorial comment. We have since learnt that Mr. Burdett is an old Guy's man, as well as an editor. Now, it is the part of the journalist to magnify his office, and it is no less the part of a Guy's man to render loyal service to every other Guy's man in the bond of brotherhood. Exactly what share Mr. Burdett had in bringing about a result in which we all rejoice, not the most acute of journalistic editors can rightly say, for there are mysteries, as we confess, into which even the editor of the Guy's Gazette is not initiated. What, however, we all gladly recognise is that Mr. Burdett, an old Guy's man, is throwing his energy into the common cause, at one time advocating the claims of a Guy's physician to the highest distinction in the profession, at another applying his maieutic art in the City to cases where the expulsive force of charity might otherwise fail to empty over-distended money bags—in short, approving himself a devoted son of his Alma Mater.

We had hoped to publish two accounts of Monday's delightful performance at St. George's Hall, the one by an artist and the other by a lady friend. But the artist, after the proper manner of artists, thought of other things during the performance; while the lady came to tea with us on the following day, and the subject, instead of being broached was, strange to say, completely forgotten.

It is difficult to say which was the more worthy of praise, Mr. S. Grundy for having written "A Fool's Paradise," Mr. W. S. Gilbert for the authorship of "Comedy and Tragedy," the Bancroft Amateur Dramatic Club for their very good acting, or the Viennese Ladies' Orchestra for their well-chosen and well-played selection of music. In the longer piece, Mr. Cahill as the Old Doctor acted conspicuously well, while Mrs. R. Evans as Clarice, and Mr. Lewin-Mannering as the Duc d'Orleans, played their parts in Mr. Gilbert's piece with great charm and intelligence. But all were good, and the audience enjoyed their evening immensely. The Endowment Fund is another matter, but that too, it is to be hoped, will have profited materially by the kindness and genius of the Bancroft Amateur Dramatic Club.

The Re-Endowment Fund.

We need not in this column refer at greater length to the visit of The Prince of Wales to the Hospital on Tuesday last than to say that it is a landmark in the history of Guy's, and the first milestone on the heavy road to Re-endowment.

In addition to the Members of the Acting Staff, the list of Stewards for the Dinner now includes:—H.R.H. The Duke of Cambridge, K.G. (Governor), the Duke of Fife, K.T., the Duke of Abercorn, K.G., the Duke of Leeds, the Duke of Portland, the Duke of Sutherland, the Marquis of Londonderry, K.G., the Marquis of Salisbury, K.G., the Marquis of Winchester, Earl Carrington, Earl Crewe, the Earl of Denbigh and Desmond, the Earl of Dudley, the Earl of Durham, Earl Grey, the Earl of Leven and Melville (Governor), Earl Morley, the Earl of Rosebery, K.G., the Earl of Warwick, Earl Wemyss, Viscount Cobham (Governor), Viscount Cross, G.C.B. (Governor), the Right Rev. the Lord Bishop of Winchester (Governor), the Right Rev. the Lord Bishop of Rochester, His Excellency Hon. Thos. Bayard, Lord Aldenham (President), Lord Belper, Lord Cottesloe (Governor), Lord Egerton of Tatton, Lord Esher (Governor), Lord Glenesk, Lord Harlech, Lord Herschell, Lord Hillingdon, Lord James of Hereford, Lord Kenyon, Lord Lawrence (Governor), Lord Llangattock, Lord Masham, Lord Rothschild, Lord Russell of Killowen, Lord Tredegar, Lord Tweedmouth, Lord Wandsworth, Lord Wolverton, Lord H. Vane-Tempest, Hon. W. W. Astor, Hon. Algernon Bourke, Hon. Alban Gibbs, M.P., Hon. Evelyn Hubbard, M.P. (Governor), Hon. Walter Rothschild (Governor), Hon. Dudley Ryder, Hon. W. F. D. Smith, M.P., Rt. Hon. Evelyn Ashley, Rt. Hon. W. E. Gladstone (Governor), Rt. Hon. Wm. Lidderdale, Rt. Hon. the Lord Mayor, Sir Frederick Abel, Bart., F.R.S., Sir David Baird, Bart., Sir James Blyth, Bart., Sir W. Cunliffe Brooks, Bart., Sir Mark W. Collet, Bart., Sir J. Whittaker Ellis, Bart., Sir Horace

Farquhar, Bart., M.P., Sir Joseph Fayrer, Bart. (Governor), Sir W. Cameron Gull, Bart., M.P. (Governor), Sir Reginald Hanson, Bart., M.P., Sir J. H. Kennaway, Bart., M.P. (Governor), Alderman Sir Stuart Knill, Bart., Sir Trevor Lawrence, Bart. (Governor), Sir Henry Le Marchant, Bart. (Governor), Sir Thomas Lucas, Bart., Sir Frederick Milner, Bart., M.P., Sir Arthur Otway, Bart., Sir Henry Peek, Bart. (Governor), Sir J. Russell Reynolds, Bart., M.D., F.R.S., Sir David Solomons, Bart., Sir Charles Tennant, Bart., Sir Arthur Arnold, Sir Donald Currie, M.P., Sir Edwyn Sandys Dawes, Sir Myles Fenton, Sir James F. Garrick, Q.C., Sir Francis H. Jeune, Sir William C. F. Robinson, Sir Sydney Webb, Sir Frederick Wigan (Governor), Baron D'Erlanger, General E. H. Clive (Governor), General Sir R. Harrison, K.C.B. (Governor), Colonel S. Bevington, Lieut.-Col. J. F. Curtis-Hayward (Governor), Captain H. V. Hart-Davis (Governor), Alderman F. P. Alliston, Alderman G. Faudel Phillips, Alderman Marcus Samuel, Alderman W. P. Treloar, Rev. Canon Lawrence (Governor), Rev. Professor Bevan, H. J. Allcroft, Esq., John Aste, Esq., James E. B. Baillie, Esq., M.P., Charles Barclay, Esq. (Governor), Robert Barclay, Esq. (Governor), Henry Barnett, Esq., F. T. Barry, Esq., M.P., A. Beit, Esq., F. A. Bevan, Esq., J. P. Bickersteth, Esq., M. Biddulph, Esq., M.P. (Governor), R. H. Birkett, Esq., Henry Blatherwick, Esq., G. F. Bolding, Esq., H. Cosmo Bonsor, Esq., M.P. (Governor), T. Bryant, Esq., M.Ch. (*Consulting Surgeon*), *Henry C. Burdett*, Esq., W. H. Burns, Esq., H. O. F. Butcher, Esq., C. Butler, Esq., F. Carey, Esq., R. K. Causton, Esq., M.P., Chas. E. N. Charrington, Esq., A. L. Cohen, Esq. (Governor), B. L. Cohen, Esq., M.P., Samuel F. Cohen, Esq., Henry A. Daniell, Esq., J. F. W. Deacon, Esq., Frank Debenham, Esq., T. Anthony Denny, Esq., Bonamy Dobree, Esq. (Governor), George P. Doolette, Esq., James Crossley Eno, Esq., C. T. Fane, Esq. (Governor), J. Herbert Fellowes, Esq. (Governor), L. P. Ford, Esq., H. S. Foster, Esq., M.P., W. L. T. Foy, Esq., John F. France, Esq., F.R.C.S., Moreton Frewen, Esq., Charles Gassiot, Esq., J. S. Gilliat, Esq., M.P. (Governor), J. E. Gladstone, Esq. (Governor), G. W. Gordon, Esq., W. H. Grenfell, Esq., Charles E. Gunther, Esq., Murray Guthrie, Esq., Everard A. Hambro, Esq. (Governor), Rodolph A. Hankey, Esq. (Governor), Henry Harben, Esq., Fredk. W. Harris, Esq. (Master of the Drapers' Company), Richard M. Harvey, Esq. (Governor), T. B. Haywood, Esq., A. F. Hills, Esq., James Duke Hill, Esq., E. Brodie Hoare, Esq., M.P., Samuel Hoare, Esq., M.P. (Governor), John Hollams, Esq., G. T. Huntley, Esq., Hy. Hyam, Esq., Reginald E. Johnston, Esq. (Governor), W. A. Jones, Esq., Arthur Keen, Esq., Charles E. Keyser, Esq., H. Kimber, Esq., M.P., A. Lafone, Esq., M.P., H. Lafone, Esq., C. C. Laing, Esq., A. J. Lawrence, Esq. (Governor), J. F. Laycock, Esq., Edward Letchworth, Esq., E. Levita, Esq., Frederic Lane Linging, Esq., Henry Lofts, Esq., W. M. Low, Esq., F. A. Lucas, Esq. (Governor), E. H. Lushington, Esq. (Treasurer), Frederick Manser, Esq., G. J. Majoribanks, Esq., H. H. Marks, Esq., M.P., Chas. Brinsley Marlay, Esq., James C. Marshall, Esq., H. W. Maynard, Esq., W. A. McArthur, Esq., M.P., J. G. Menzies, Esq., Edward B. Merriman, Esq., Arthur Mills, Esq. (Governor), G. F. McCorquodale, Esq., J. Sebag Montefiore, Esq., J. Pierpont Morgan, Esq. (Governor), H. Mosenthal, Esq., H. Moxon, Esq., Frederick H. Norman, Esq. (Governor), H. F. Pollock, Esq., M.P., H. W. Price, Esq., J. Whittuck Rabbits, Esq., James Rankin, Esq., M.P., J. B. Robinson, Esq., E. M. Roe, Esq., R.N., A. G. Sandeman, Esq., W. S. Seton-Karr, Esq. (Governor), H. Simpson, Esq., Abel Smith, Esq., M.P. (Governor), Hugh Colin Smith, Esq. (Governor), V. Hugh Smith, Esq., Oswald A. Smith, Esq. (Governor), Henry Sotheran, Esq. (Master of the Stationers' Company), J. A. Shaw Stewart, Esq. (Governor), Edward Stern, Esq., James Stern, Esq., H. S. Stoneham, Esq., Rev. Meyrick J. Sutton (Master of Mercers' Company), Christopher Sykes, Esq., Seth Taylor, Esq., J. H. Trouncer, Esq., M.D., T. R. Tufnell, Esq., H. J. Veitch, Esq., Courtney Warner, Esq., M.P., A. M. Watkin, Esq., J. Wernher, Esq., Samuel Wilks, Esq., M.D., F.R.S. (Consulting Physician, President Royal College of Physicians), Frederick Wills, Esq., R. Woodhouse, Esq.

THE following details in the scheme of arrangements for the evening of June 10th have been determined by the Festival Committee of the Governors, and have received the sanction of His Royal Highness The Prince of Wales:—

1. By authority of the Council the Imperial Institute will be reserved for the exclusive use of those invited to the dinner and for the guests who have obtained or received tickets for the reception.

2. The dinner, which is fixed at 7 for 7.30 p.m., will take place in the new summer dining-room in the east garden of the Institute, which from its situation and construction allows of rapid service, and good ventilation.

3. In addition to His Royal Highness's table, there will be about sixty small tables for guests, each seating eight persons and separately served. It is believed that this arrangement will render it easy to bring friends together, and will make the evening more enjoyable.

4. No charge will be made to those accepting invitations to the dinner, and there will be few speeches.

5. Immediately after the speeches the Prince will lead the way to the west garden, where the general company of those friends and supporters of Guy's for whom it has been found impossible to provide seats at the dinner will be found assembled, having been previously received in the entrance hall by the Reception Committee, consisting of the Duchess of Portland, the Duchess of Sutherland, the Marchioness of Londonderry, the Countess of Warwick, the Countess of Leven and Melville, Lady Aldenham, Lady Randolph Churchill, Lady A. Gordon-Lennox, Mrs. Cosmo Bonsor, Mrs. A. L. Cohen, Mrs. Grenfell, Mrs. R. M. Harvey, Mrs. Howse, and Mrs. Pye-Smith.

6. The Monte Carlo Band of about seventy performers has been specially engaged, and will play in the illuminated west garden from nine to half-past twelve o'clock. Refreshments will be provided.

7. The capacity and resources of the Imperial Institute are such that bad weather will not interfere with the dinner or the reception.

The prices for admission to the reception will be two guineas for a single, and three guineas for a double ticket.

The issue of invitations to past and present Guy's men will be made as soon as possible after the Collecting Books have been sent in, the latest date for this being fixed for the 16th inst. Generally speaking, the number of invitations issued will be in proportion to the amount collected. It will conduce very much to the convenience of the Office if the full addresses of subscribers are entered in the Collecting Books before they are returned to the Secretary to the Treasurer, the object of this suggestion being to diminish the necessity of a personal visit on the part of collectors to the office. All enquiries should, as far as practicable, be made by letter.

The above-mentioned arrangements will ensure for everyone who has shown an active interest in the efforts to restore the fortunes of the Hospital, the opportunity of joining in the Festival. The reception will probably prove to be the greatest public function of the season, and can only be missed at the cost of certain disappointment afterwards.

The Fancy Fair at Shortlands House will be opened by H.R.H. the Duchess of Albany, on the 29th, and be continued on the 30th inst. Apart from the severe business of the stalls, there will be such entertainments as a Loan Exhibition of Irish Lace, Photographic Exhibition, Demonstration of Röntgen's Rays Shadow Photography. A series of Musical and Theatrical Performances, arranged by Mr. Seymour Hicks and Miss Ellaline Terris; a Variety Entertainment; a Military Band; and on the evening of the 30th, the "Dis-Guysed" Minstrels. On the following Monday there will be a Dance, of which more anon. Tickets for admission to the Fair—Friday, five shillings; after six, one shilling; Saturday, two shillings and sixpence; after six, one shilling. May be obtained from Mrs. Ford, Shortlands House, Shortlands, and Mrs. Kirby, Redmont, Shortlands, Kent, or of the Secretary to the Treasurer, at the Hospital. Time is short, so that it is necessary for every supporter of Guy's within a radius of twenty miles to apply for one or more of these tickets within the next few days.

Still further enterprise and amusements in the great cause: a Fancy Fair will be held in St. Mildred's Hall, Lee, on May 27th and 28th, the local patrons being John Penn, Esq., M.P., Colonel and Mrs. Meyer, the Rev. and Mrs. Helder, and Colonel Knighton Arnold. We trust this may have ungrudging support from all our friends in the locality. Again, Mr. John Hart has very generously set apart the evening of the 13th inst. at the Star Music Hall, Bermondsey, when a special performance will be given in aid of the Fund.

The Concert at Beckenham on the 2nd inst. was a brilliant success, and the acting of the Bancroft Dramatic Club at St. George's Hall on the 4th inst. was up to a level rarely reached by amateur talent. It is a true boast that at every entertainment given on behalf of the Hospital since the commencement of the appeal, the audiences have had splendid value for their money and gone away delighted.

Portsmouth and the surrounding neighbourhood are being moved in the interest of Guy's by Drs. Knott, Wilmer Phillips, and Lockhart Stephens. A meeting was held the other day in the Portsmouth Town Hall, the Mayoress, Mrs. J. J. Young, presiding, when a resolution was carried approving of an Entertainment being held in Portsmouth on behalf of Guy's Hospital, and pledging those present to do all in their power to make the occasion a success. The Entertainment will, we hear, probably be held on June 2nd.

A similar movement is on foot at Winchester, and we have just received a splendid announcement of the Garden Fête and Gala, under the patronage of H.R.H. The Duchess of Teck, to be held in the grounds of A. Lafone, Esq., M.P., at Hanworth Park, Sunbury, on June 23rd, 24th and 25th. We wish Dr. Perceval Kingsford complete success. The "Dis-Guysed" will appear every evening.

The Outlook in Southsea.

Dr. C. KNOTT, of Southsea (an old Guy's man), is organising an entertainment at Portsmouth on behalf of Guy's Hospital, towards the end of next month, and Mrs. John Billington has proffered her assistance. The following letter from the veteran actress, Mrs. Keeley, was read at the preliminary meeting:—

"Dear Mr. Knott,—I could not write a line fit for publication if my life depended upon doing it. I would go to you and speak an address, but I am not at all in trim. I am just now very unwell, and the only help I can give is the small sum of £28 4s., all that remains of the sum received at the *matinée* of November 22nd last. The committee handed me over £428 4s. with the hope of having another hundred after all accounts were made up, but at the final meeting the expenses were found to be so heavy that it was impossible to give me any further sum than £428 4s., which I have distributed as follows: Actors' Benevolent Fund, £100; Charing Cross Hospital, £100; Consumption Hospital, £100; Firemen's Orphanage, £50; Policemen's ditto, £50; cheque to Southsea

Fund, £28 4s. I have no time to answer all the kind things in your letter, but will run down to dear old Southsea as soon as weather permits. I spent a month there a few years ago very happily.—Yours sincerely, M. A. KEELEY."

Perhaps Portsmouth people may see Mr. J. L. Toole at this entertainment.

A Case of Congenital Heart Disease.

Walter S., æt. 6½ years. Admitted into 30 Stephen, under Dr. Hale White, for shortness of breath.

Family history.—Patient's mother has suffered from palpitation of the heart and shortness of breath since she was a child; maternal grandfather died suddenly of heart disease; father healthy; patient has three brothers quite healthy.

Personal medical history.—When two years of age, patient had two convulsions, for which mother took him to a medical man who diagnosed congenital heart disease; patient has always suffered from shortness of breath, but this has been more marked during the last nine months.

History of present illness.—During the last three months, the shortness of breath has been especially evident, together with lividity on any exertion; patient has slept badly, has often awakened in a state of fright, has got out of bed and run about the room, imagining someone following him, and being terrified thereby.

Condition on admission.—Temperature, 96·2°; pulse, 94; respiration, 16. Patient is a small, badly-developed child of six and a half years; skin dry and rough; cheeks bluish; veins on chest and abdomen clearly visible; no clubbing of the fingers; no œdema of the legs or swelling of abdomen. The junction of third, fourth and fifth left costal cartilages with sternum are prominent, also those on right to a less extent.

Circulatory system. — *Pulse.* — Compressible, small, faint, regular, 94.

Cardiac impulse.—Diffuse; can be felt in fifth left interspace in nipple line, one and a half inch below the nipple.

Area of cardiac dulness limited *above* by a line drawn from the lower edge of the junction of the third left costal cartilage with the sternum, to a point half an inch above left nipple; *below* by a line drawn from the left edge of the sternum at the lower border of the fifth costal cartilage, to a point one and a half inch below nipple in left nipple line. *Internally*, by left edge of sternum; *externally*, by left nipple line.

On palpation, the diffuseness of impulse is confirmed, and a marked systolic thrill can be felt over præcordial area, especially over pulmonary area.

On auscultation, heart beats 94, regular. A loud, rough, blowing systolic bruit can be heard over the whole of the anterior surface of the chest, and posteriorly, half way to middle line; its point of maximum intensity is over the fourth interspace at the left edge of the sternum, and is traceable upwards and to the left. The most interesting feature of this bruit is that the character of the sound when auscultated over any part of the sternum differs from that heard over the anterior chest wall at either side of the sternum, showing beautifully how different conduction affects the character of a bruit; the pitch of the bruit heard in the third space on either side being quite the same, although that on the left side is the louder, while over the sternum the pitch which is the same for any part of the sternum differs distinctly from that on either side.

Respiratory and *nervous systems* normal.

Alimentary system. — Tongue rather furred; lower incisors notched; liver can be felt below ribs.

Urinary system. Urine acid, 1039; very turbid with dense deposit of urates. No sugar, blood, or albumen.

Dr. Hale White diagnosed pulmonary stenosis, with probable slight patency of the septum ventriculorum. He observed that these cases of pulmonary stenosis were considered to be due to intra-uterine rheumatic endocarditis, and that post-mortem the pulmonary valves would be found thickened and adherent to one another. When the pulmonary valve was affected the extra pressure put upon the right side of heart often prevented the septum ventriculorum from becoming closed, and thus any lividity due to the pulmonary stenosis would be increased by admixture of venous with arterial blood. He thought that in the present case, as the lividity was very slight, the septum had probably nearly closed.

Dr. Hale White further observed that we *never* get a diastolic murmur in congenital disease and that the only cause of *acquired* pulmonary stenosis is malignant endocarditis, which may cause a pulmonary systolic and very rarely a pulmonary diastolic murmur. He remarked that the prognosis depended chiefly upon the kind of life which the patient was able to live; that all violent exercise was to be avoided; that the chief dangers to be feared were—(1) the extra strain thrown upon the heart at puberty; and (2) in women, pregnancy. (3) These patients are very liable to tuberculosis.

S. E. D.

From the Gazette's Special Pathologist.

NOTICES.

R. B. M., SWAFFHAM.—No tubercle bacilli could be found in the sputum, which for the amount of mucus contains extremely few corpuscular elements.

W. C. B., BOGNOR.—No tubercle bacilli could be found in the sputum.

C. O. M., BOURNEMOUTH.—Tubercle bacilli are present in the sputum in fairly large numbers.

A. C. L., CHESHAM.—The tissue shows the ordinary structure of the cervix uteri with dilatation of some of the mucous glands. There is no malignant disease present.

S. K. H. M., BICKLEY.—Tubercle bacilli are present in the sputum in fair numbers. PATHOLOGIST.

Obituary.

Mr. William Lockhart.

(From the *Standard*, 30th April, 1896.)

Mr. William Lockhart, F.R.C.S.E., died at his residence in Granville Park, Blackheath, early yesterday morning. Dr. Lockhart, who was in his eighty-fifth year, was the first Protestant medical missionary to China, and went out to that country in connection with the London Missionary Society in 1838. After visiting Canton, he attempted to commence medical work in Macao, but in consequence of the hostility of the Portuguese authorities to British residents, he was compelled very shortly to desist and ultimately to withdraw. He next visited Chusan, in the hope of being able to commence work there, but ultimately, in 1843, he got to the newly-opened port of Shanghai, where he laboured with great success until 1857, when he returned to England on a visit. In 1861 he went back to China and commenced the first Protestant mission in Pekin, obtaining the privilege of settlement in the Imperial city in consequence of his official position as physician to the British Embassy, which was established there in that year. In 1864, family circumstances made it necessary for him to visit England, and his work as a medical missionary ceased. Settling in private practice as a physician at Blackheath, Dr. Lockhart maintained his interest in missions with great ardour, and was to the end of his life an active member of the Board of Directors of the London Missionary Society. He published, in 1861, "A Medical Missionary in China," an interesting volume narrating his own varied experiences. He was also the author of a number of translations for Chinese medical workers on midwifery, inoculation, etc. He had collected during his long and active life a remarkable and valuable library of Chinese books, and of Works upon China and the East, in all the principal languages of Europe. These he presented to the London Missionary Society three years ago. Dr. Lockhart married, in 1841, Miss Catherine Parkes, the sister of Sir Harry Parkes, so well known as her Majesty's Minister to China and Japan, and was in touch with his brother-in-law during all the earlier stages of his distinguished career in China. Mrs. Lockhart still survives with a family of sons and daughters.

Pass List.

Final Conjoint Examination, April, 1896.

Medicine, Surgery and Midwifery.

*Cann, F. J. H.
*Clarke, A. V.
*Spicer, A. H.

Medicine and Surgery.

*Davies, W. L. B.
*Smith, M. Hamblin

Medicine and Midwifery.

*Fisk, E.

Surgery and Midwifery.

Burton, C. G.
Gardiner, J. N.
Godson, F. A.
*Hedden, R.
*Infield, S.
*Muriel, G. B.
Ormond, A. W.
Scowby, E. T.

Medicine only.

Alexander, A.
Ensor, J. W.
*Flory, C. H.
*Foster, J. J.
*Garner, W. L.
Goodridge, W. L. T.
*Hitchfield, A. R.
Martin, D. A. W.
Mathias, R.
*Milbank-Smith, H. J. M.
*Pendred, B. F.
Price, W. M.
*Stanton, T. W.
*Stead, C. C.
Stephen, L. H. Y.
*Tipper, E. H.
Turner, A. Scott

Surgery only.

Brown, R. T.
Cock, H. E.
*Coventry, C.
*Culmer, J. W.
Delbruck, R. E.
Fagge, C. H.
Graham, H. W.
*Plummer, W. E.
*Richmond, B. A.
*Roberts, R. L.
Rowlands, R. P.
Temple, P. G.
*Vellacott, P. N.
Whicher, S.
Wood, W. R.

Midwifery only.

Booker, C. W.
Clarke, W. T.
Dudgeon, H. W.
Duncan, G. E.
†Falwasser, A. T.
†Gough, B. B.
*Ham, B. B.
Hardy, F. H.
Hicks, H. T.
Lavers, N.
Price, A. A.
Prince, P. C.
Trouncer, C. A.
Winter, W. C. P.

* Denotes completion of examination.

† Under the five years' regulations.

Appointments.

Daniell, G. H. S., M.B., B.C. Cantab, has been appointed Medical Officer for the First Sanitary District of the Blandford Union.

Littlewood, J. O., L.R.C.P. Lond., M.R.C.S., has been re-appointed Medical Officer of Health by the Skegby Rural District Council.

Long, F., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Wells Sanitary District of the Walsingham Union, vice A. Whitlock.

Tipper, Ernest H., L.R.C.P. Lond., M.R.C.S., L.S.A., has been appointed Court Physician to the Independent Order of Foresters, Denmark Hill.

Royal College of Surgeons of England.

The College Triennial Prize, consisting of the John Hunter Medal, executed in Gold to the value of Fifty Guineas, or, at the option of the successful author of the Dissertation, of the said Medal executed in Bronze, with an honorarium of Fifty Pounds. The subject of this Prize is—"The Arrangement and Topography of the different parts of the Gastro-intestinal Canal in Man, with special reference to the Variations in their relation to the Peritoneum and the occurrence of Abnormalities; the Subject to be illustrated from Development and a Comparison with the customary arrangement in other Mammalian animals."

Jacksonian Prize.—The amount of the dividend, about £12, received from the Trust. The subject for the prize for the present year, 1896, is—"The Pathology, Diagnosis, and Treatment of Diseases of the Prostate Gland." The subject for the prize for the ensuing year, 1897, is—"The Pathology, Diagnosis, and Treatment of the various Neoplasms met with in the Stomach, Small Intestine, Cæcum, and Colon."

The Prizes are to be written for under the following conditions:—

Candidates to be Fellows or Members of the College, not on the Council.

The Dissertations to be in English, and the number and importance of original facts will be considered principal points of excellence; *recited cases to be placed in an appendix.*

Each Dissertation to be distinguished by a motto or device; and accompanied by a sealed envelope containing the name and residence of the author, and having on the outside a motto or device corresponding with that on the Dissertation.

The Dissertations to be addressed to the Secretary at the College.

The Manuscript Prize Dissertations and every accompanying drawing and preparation will become the property of the College.

Those Dissertations which shall not be approved, with their accompanying drawings and preparations, will, upon authenticated application within the period of three years, be returned, together with the papers, unopened, containing the names and residences of the respective authors.

The unapproved Dissertations which shall remain three years unclaimed, with their accompanying drawings and preparations, will become the property of the College; at which period the papers containing the names of the authors will be burnt, unopened, in the presence of the Committee.

The Dissertations for the Collegial Prize must be delivered at the College not later than 4 o'clock p.m. on Friday, the 31st of December, 1897.

The Dissertations for the Jacksonian Prize for the present year, 1896, must be delivered at the College not later than 4 o'clock p.m. on Thursday, the 31st of December next.

The Dissertations for the Jacksonian Prize for the ensuing year, 1897, must be delivered at the College not later than 4 o'clock p.m. on Friday, the 31st of December, 1897. EDWARD TRIMMER, Secretary.

9th April, 1896.

Sport.

Cricket.

GUY'S v. BECKENHAM.

Played at Beckenham on May 2nd. Beckenham won the toss and took first innings on a good wicket. Cooper from the start played the bowling with comparative ease, and was unlucky in being run out through a smart piece of fielding by Clarke, after he had made 55. No one stayed very long except Simpson, and at lunch time the score was 135 for seven wickets. After lunch our bowling was rather erratic, and Simpson and Willen scored freely. Alexander then went on to bowl, and soon terminated the innings by bowling Willen for a useful 48, and getting C. M. Baker caught at the wicket two balls later, while the first ball of his next over got Edwards well caught by Goddard at deep long off, thus getting three wickets for 4 runs. Simpson played good cricket for his 48 not out, though he might have been caught early in his innings. Guy's started their innings about a quarter to four with Nicholls and Clarke. The former was caught in the slips off a rising ball in the first over. Alexander joined Clarke, and these two at once started hitting the bowlers to all parts of the field. The score rose quickly but at 67 Clarke got too much under a ball and was caught at long off for a well-played 34, in which there were six fours. Cohen and Alexander then came together and made another good stand, and it was not till the score had reached 120 that Alexander was bowled for a capital innings of 55, which included no less than nine fours. Wickets fell fairly fast, and the game seemed to be slipping out of our hands, when Morgan joined Cohen, who was batting in very good style. With these two together when the score was 160 for six wickets, the batting became more lively and runs came freely in spite of numerous bowling changes. At ten minutes past six we had passed their score with four wickets in hand, but 3 runs later Cohen was caught at cover point for a splendid innings of 76. He gave no distinct chance and showed distinctly the best form of the day. Morgan's innings, though somewhat lucky, was extremely useful, and came just at the right time. Stumps were then drawn, Guy's opening the season with a win by three wickets and 3 runs. Scores:—

Beckenham.

C. O. Cooper, run out	55
J. K. Stenning, c Nicholls, b Clarke	4
B. S. Matthews, b Wetherell	16
A. H. Marshall, b Goddard	17
W. B. Baker, c Morgan, b Wetherell	5

E. H. Simpson, not out	48
G. J. Gulliver, c Cohen, b Goddard	13
A. A. Baker, b Clarke	5
R. H. Willen, b Alexander	48
C. M. Baker, c Cohen, b Alexander	0
C. R. Edwards, c Goddard, b Alexander	0
Extras	11
Total	222

GUY'S.

F. J. Nicholls, c Willen, b W. B. Baker	0
A. E. Clarke, c Matthews, b Stenning	34
K. B. Alexander, b C. M. Baker	55
E. Cohen, c C. M. Baker, b Marshall	76
F. C. Wetherell, b C. M. Baker	0
L. Humphry, c Cooper, b Edwards	9
F. E. Walker, b C. M. Baker	1
T. Morgan, not out	30
Extras	20
Total	225

F. R. Featherstone, E. G. Goddard and A. C. Ransford did not bat.

GUY'S 2ND XI. v. GRANVILLE 2ND XI.

This match, played at Lee on Saturday, May 2nd, ended in an easy victory for our opponents by 72 runs. This result is not altogether surprising, owing to the difficulty of finding men to play so early in the term. In fact, after a week's hard work, only *nine men* could be found willing to turn up. Our difficulty was still further increased by the most unsportsmanlike behaviour of one man, who left the field without waiting for his innings. We were thus left with only eight men to bat, and had it not been for Cawston's 35 and Cleveland's 21, our exhibition would have been a disgrace to the Hospital. Scores:—

GRANVILLE.

J. Wilson, c Durbridge, b Cleveland	0
E. Rymer Jones, c Cleveland, b Cawston	26
E. R. Moulder, not out	83
E. C. Nicoll, b Cawston	0
R. F. Taylor, not out	31
Extras	27
Total	167

Messrs. W. Green, W. Pate, W. Edwards, J. Passmore, A. Davies, P. R. Jones, did not bat.

GUY'S.

C. T. Anderson, b Passmore	0
J. T. De Coteau, b Nicoll	4
A. E. Longhurst, b Passmore	4
A. E. Cawston, run out	35
A. J. Cleveland, b Edwards	21
H. Durbridge, b Passmore	10
E. L. T. Grant (sub) b Nicoll	5
J. Mathews, not out	0
J. Gibson, b Nicoll	4
P. Slater, did not bat	0
Extras	12
Total	95

LIST OF MATCHES.

FIRST ELEVEN.

Date.	Opponents.	Ground.
May 2	Beckenham	Beckenham.
„ 6	Trial Game	Honor Oak Park.
„ 9	Surbiton	Surbiton.
„ 13	Hornsey	Hornsey.
„ 16	Crystal Palace	Crystal Palace.
„ 23	Mitcham	Mitcham.
„ 25	Past and Present	Honor Oak Park.
„ 30	Hornsey	Honor Oak Park.
June 3	Dunstable Grammar School	Dunstable.
„ 6	Streatham	Streatham.
„ 11	Surrey Club and Ground	Honor Oak Park.
„ 13	Brentwood	Brentwood.
„ 17	Ealing	Ealing.
„ 19 / „ 20	Eastbourne	Eastbourne.
„ 24	Croydon	Honor Oak Park.
„ 27	Bickley Park	Bickley Park.
July 1	...	...
„ 4	Streatham	Honor Oak Park.
„ 11	Brentwood	Honor Oak Park.

SECOND ELEVEN.

May 2	Granville, Lee II.	Lee.
„ 6	Trial Game	Honor Oak Park.
„ 9	Croydon II.	Honor Oak Park.
„ 13	Dulwich College II.	Dulwich.
„ 16	Whitgift Wanderers II.	Honor Oak Park.
„ 20	St. Bart.'s Hospital II.	Winchmore Hill.
„ 23	Granville, Lee II.	Honor Oak Park.
„ 27	St. Thomas's Hospital II.	Honor Oak Park.
„ 30	Osborne	Streatham
June 6	London Hospital II.	Edmonton.
„ 10	Mr. W. Penley's XI.	Honor Oak Park.
„ 13	St. Mary's Hospital II.	Honor Oak Park.
„ 17	St. Thomas's Hospital II.	Honor Oak Park.
„ 20	Osborne	Honor Oak Park.
„ 24	Dulwich College II.	Dulwich.
„ 27	London Hospital II.	Honor Oak Park.
July 1	Mr. W. Penley's XI.	Wandsworth.
„ 4	...	...
„ 8	St. Bart.'s Hospital II.	Honor Oak Park.
„ 28	St. Germain	Honor Oak Park.

Guy's Hospital Lawn Tennis Club.

The following matches have been arranged for this season:—

Date.	Opponents.	Ground.
May 9	Boundaries	Balham.
„ 20	Surbiton	Surbiton.
„ 23	Hornsey	Honor Oak Park.
„ 25	Past and Present	Honor Oak Park.
„ 27	Mr. J. H. Busteed's Team	Honor Oak Park.
June 3	Hornsey	Hornsey.
„ 6	Surbiton	Surbiton.
„ 13	The Staff	Honor Oak Park.
„ 20	Barnes	Barnes.
Aug. 22	Boundaries	Honor Oak Park.

Guy's Hospital Swimming Club.

THIS SEASON'S FIXTURES.

POLO MATCHES.

FIRST TEAM.

Date.	Opponents.	Baths.
May 15 ...	Grafton S.C.	Southwark.
„ 19 ...	Linden S.C.	Dulwich.
„ 26 ...	Croydon Dolphin	Croydon.
June 2 ...	Dreadnought S.C. ...	Rotherhithe.
„ 9 ...	City of Westminster ...	Westminster.
„ 16 ...	Marcians' S.C.	Southwark.
„ 23 ...	Ravensbourne S.C. ...	Southwark.
„ 30 ...	Grafton S.C.	Forest Hill.
July 7 ...	Otter S.C.	St. George's.
„ 14 ...	Linden S.C.	Southwark.
„ 23 ...	Goldsmiths' S.C	Southwark.

SECOND TEAM.

May 15 ...	Grafton S.C. II.	Southwark.
„ 19 ...	Linden S.C. II.	Dulwich.
June 12 ...	Anchor S.C.	Southwark.
„ 23 ...	Minerva S.C....	Southwark.
„ 30 ...	Grafton S.C. II.	Forest Hill.
July 9 ...	Anchor S.C.	S. Norwood.
„ 14 ...	Linden S.C. II.	Southwark.
„ 21 ...	Goldsmiths' S.C. II. ...	Southwark.

G. MARSHALL, Hon. Sec.

Notices.

CHINOSOL.

Chinosol is a new antiseptic which has lately been introduced into surgical use. It comes with very good credentials, both as regards its origin and its germicidal power. Chinosol is a derivative of chinoline, which belongs to the chemical group which has already furnished several antiseptics employed in surgery. It occurs in the form of a crystalline powder of a yellow colour, with a slight aromatic odour and astringent taste. It is readily soluble in cold water, forming a bright yellow solution, which, however, does not stain the skin. Professor Emmerich, of Munich, gives a very favourable report upon Chinosol. The Professor states that Chinosol possesses the power of arresting the growth and of killing bacteria in a much greater degree than does carbolic acid; even in as weak a solution as 1 in 40,000 it checks the development of the pus organism. It has no caustic action, and does not coagulate albumen at ordinary temperatures, thus conferring upon it great powers of penetration in respect of the tissues. It is thus much superior in this respect to carbolic acid or hyd. perchlor. A very complete bacteriological examination of Chinosol has been made in the laboratory of the Apothecaries' Hall, Blackfriars. The results show that Chinosol is approximately forty times more powerful than carbolic acid, and at least ten times more effective than hyd. perchlor. in its germicidal action. It has also been found that Chinosol posseses very considerable power as a deodorant, and that a solution 1 in 500 will give most satisfactory results. The report which we have of its use at Guy's, where it has been used to a limited extent, is decidedly in its favour, and bears out what has already been stated as to its superiority over other antiseptics. It would appear, therefore, that we have in Chinosol an antiseptic which possesses a greater number of advantages, especially as regards non-toxicity and germicidal power, than can be claimed by any other antiseptic in use.

LIEBIG'S EXTRACT.

"A TRIP TO FRAY BENTOS" is the title of a very interesting article in the April *Englishwoman*. It is an account of the vast manufactory of Liebig's Extract of Meat Company. We quote the following from the article in question:—"As an accompaniment on sporting and travelling expeditions the Extract is specially prized, owing to its convenience for carriage and the facility with which a little is converted into a refreshing and palatable beverage. Mr. H. M. Stanley, in his work, 'Through Darkest Africa,' gives an instance of the marvellous effect of a little Extract on one of the native carriers stricken down by the intensely cold rain—"On the 22nd, soon after the advance had reached camp, a cold and heavy shower of rain fell, which demoralised many in the column; their failing energies and their impoverished systems were not proof against cold. Mahdis and Zanzibaris dropped their loads in the road and rushed helter-skelter for the camp. One Mahdis managed to crawl near my tent, wherein a candle was lit, for in a rainstorm the forest, even in daylight, is as dark as on an ordinary night in the grassland. Hearing him groan, I issued out with the candle and found the naked body rigid in the mud and unable to move. As he saw the candle flame his eyes dilated widely, and he attempted to grasp it with his hands. He was at once borne to a fire and laid within a few inches of it, and, with the addition of a pint of hot broth made from the Liebig Company's Extract of Meat, we restored him to his senses." The account of the manufactory is most interesting, and the precautions against impurity and imperfection of the material will satisfy the most critical minds of the profession. The Company are old friends of the Hospital and GAZETTE, and have recently given a hundred guineas to the Sustentation Fund, so they deserve well of us.

Births.

BERRY.—On April 28th, at Wansford House, Watford, the wife of P. Haycraft Berry, M.D. Lond., of a son.

WADE.—On May 1st, at Purley, Surrey, the wife of John Wade, B.Sc., of a son.

Marriage.

BRYANT—LEWIS.—At St. Joseph's, Seacombe, on April 14th, by the Rev. Canon Singleton, William Arthur Bryant, M.B., of Hull, to Catherine Smith (Tittiens) Lewis, of Seacombe, Cheshire.

Deaths.

CLARK.—On April 23rd, at Gatestone Road, Norwood, Willington Clark, F.R.C.S., L.S.A., in his 92nd year.

LOCKHART.—On April 29th, at Granville Park, Blackheath, William Lockhart, F.R.C.S., for twenty-five years Medical Missionary in China (London Missionary Society), aged 84.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

MAY 23, 1896.

The Jenner Centenary.

IT is not given to many medical men to live in the public memory for three-quarters of a century after their death. It is fitting, therefore, that we should join with all other organs, not only of the medical, but also of the general, not only of the English, but also of the cosmopolitan press, in doing honour to the discoverer and promulgator of one of the most humane measures known to mankind—to Dr. Edward Jenner, the originator of the vaccination treatment for small-pox. On May 14th, 1796, Dr. Jenner first performed vaccination on a human being, and it is the centenary of this notable event that we now seek to commemorate. It is not our business to give detailed information concerning the life and work of one on whom Guy's Hospital has had no direct claim; such, indeed, may be had at length in any of the general medical papers. In another column, however, will be found an interesting account of the reception of the new theory by the Guy's Physical Society, and of Dr. Jenner's share in the debates which ensued on the subject. We may be excused, therefore, for recapitulating shortly the leading facts of the case.

The practice of inoculation of small-pox itself was introduced into this country, curiously enough, by a lady—Lady Mary Wortley Montagu—so early as 1721, and was very general throughout the country in the latter half of the last century. Towards the end of that time it fell to Jenner's lot to practise as a young man in the rural district of Berkeley, in Gloucestershire, and being fond of country pursuits, and, moreover, of an observant turn of mind, he noticed that of the two kinds of milkman's sores which he was able to distinguish, one gave immunity from small-pox. Such was the essence of his discovery.

Jenner was born in 1749, in the village in which he afterwards practised. The third son of a country parson, he naturally received but a scanty education, and after some years spent over the classics at Cirencester, being unable to follow his brothers to Oxford, he became apprenticed to a country practitioner, and subsequently was removed to the domestic and professional care of John Hunter. Distinguished alike in anatomy and experimental research, in pathology and in natural history, his services were requisitioned but refused for Captain Cook's second expedition. In 1773 Jenner went into practice, from which he retired after nineteen years' hard country work, and in 1796—a hundred years ago to-day—he propounded to the world the conclusions at which he had arrived in connection with the prevention of small-pox.

Like the theories of Newton and Darwin, Jenner's theory was at first received with incredulity, not only by the world at large, but even by the medical profession. Cow-pox, as much as swine-fever, was considered a totally different disease to small-pox, and the idea that the infection of the one could protect from the other not only seemed absurd, but was corroborated in the minds of many by the results of occasional failures from what would now be considered as careless execution of the process. But by the end of the century the practice of vaccination had already found favour with several of the Guy's physicians, and the recognition of the discovery spread so rapidly that in 1801 Jenner was presented by the nobility and gentry of his native county with a service of plate as a mark of their admiration. Jenner's professional standing was that of Doctor of Medicine at Aberdeen, a degree which he had taken after retiring from practice; but no sooner was the discovery of vaccination

sufficiently understood than honours of all kinds were freely showered on him from all the universities and governments of Europe, while a sum of £10,000 was granted to him by Parliament—a sum which was augmented a few years later by a further grant of £20,000. Jenner for a time practised medicine in Mayfair, but without much success, and, after founding what subsequently became the National Vaccine Establishment, he withdrew again into the country, and eventually died in 1823. His statue may be seen to this day at the west end of Gloucester Cathedral, and under it is written only the simple inscription, "Edward Jenner."

The theory of vaccination continued to grow in repute after Jenner's death. Inoculation of small-pox was forbidden, and vaccination gratuitously provided in 1840. In 1854 it was made compulsory by Act of Parliament, and it was systematically enforced by paid vaccination officers from the time of the pandemic in 1871. As to the efficacy of vaccination, there is now absolutely no doubt in the profession in general; and although this is not the place for an elaborate proof of its efficacy, it may be remarked that by the returns of the Registrar-General for the last recorded period of ten years it is conclusively shown that vaccination has conferred a six-fold immunity against an attack of small-pox and a sixty-four-fold immunity against death from this, which was one of the direst, most gruesome, most hideous forms of death ever known.

It is a curious coincidence that the centenary year of this great discovery should be marked by a terrible outbreak of the disease it sought to cure, in the capital town of the very county to which Jenner belonged. Surely, "a prophet is not without honour save in his own country and in his own house." It would seem almost a special retribution of Providence that the old cathedral town of Gloucester, confirmed in its ignorant carelessness of sanitary laws and rejecting the universally-established doctrines of one of its own most faithful and most celebrated denizens, should be visited in this particular year by the angel of Death, and lose in six weeks no fewer than two hundred and fifty persons from the scourge. It is to be trusted that this example may bear effect throughout the length and breadth of the land; that Leicester, one of the greatest offenders in this matter, should return to the path, not merely of wisdom, but of virtue, and that Guy's men—from the students attending in the Bermondsey Methodist Chapel to the leading provincial practitioners and the consultants in the West End—should use their influence in convincing the authorities of the absolute crime they are perpetrating if they allow non-vaccination to remain unpunished. It may be hoped also that the Royal Commission on Vaccination, which has sat for several years already without reporting, and shows no signs at present of issuing its report, may once and for all prove conclusively to the world the invaluable results of Jenner's discovery.

It may be noted that Jenner never recognised the necessity of re-vaccination. This, however, is now clearly established as essential, and it is to be hoped that this will not be considered to be the last improvement remaining to be made in the process. Two main lines of reform need to be thoroughly investigated and regularly adopted—in the first place, a scrupulous asepsis of the arm, the scalpel, the serum, the hands of the operator and the dressings; in the second, a pure cultivation of the germ, and the use, so far as is possible, of the pure cultivation, or preferably still, of the toxines only which produce the desired effect, if such can be found and isolated.

The whole history of Jenner's discovery affords a most valuable lesson for the future of medical work. Every medical student has the example of this man—a common general practitioner in the country, who, by mere observation and scientific deduction, conceived and put into effect one of the most beneficial methods of treatment known to modern practice, thereby anticipating the whole ground of modern pathology, which has now conclusively established the means and demonstrated the fact of its effectiveness. At the same time, for the followers of research it has this inestimable lesson, that it is from the study of comparative pathology that the most fruitful results must be expected—a study thus inaugurated with such conspicuous success, but pursued since its inauguration with so little confidence or perseverance. Comparative pathology is as yet an almost unknown field, and the thoughts of its possibilities open up endless vistas of discovery for the next century. With the pursuit of Bacteriology we are already on the threshold of this new region of research, and we earnestly trust that it may fall to the lot of Guy's men to take this lesson to heart, and to make their Hospital as famous for its school of comparative as of human pathology.

Some of our contemporaries have girded considerably at the British public for refusing to do honour to their countryman, when foreign countries are celebrating the centenary of his

discovery, when the German town of Bückeburg annually revives the memory of the 14th of May and of Dr. Faust, who introduced vaccination into that district of Hanover, when the *German Medical Weekly* publishes a special edition for the anniversary, and when a well-ordered Jenner exhibition is being held in Berlin. We venture, however, to differ. The English race is not fond of anniversaries and celebrations. It might even be remarked that one hundred years after the date of the first vaccination case is an arbitrary date which some may and others may not choose to adopt for the expression of their feeling on the subject. But in any case we believe the immense value of Jenner's work is nowhere more fully appreciated than in England; and this is fully witnessed, not only in the constant references to the subject in the daily press, but also in most able articles in the *Lancet* of May 9th, the *Hospital* of May 15th, and, we presume, in the special issue of the *British Medical Journal* of to-day. To this cloud of witness, then, we would add our own small contribution of praise and admiration for the distinguished physician of the last century—for Edward Jenner, the discoverer of vaccination.

Anthrax.

CLINICAL LECTURE BY MR. CLEMENT LUCAS.

Gentlemen,—We have had lately under our care six cases of Anthrax, all of which were admitted into Job ward between January the 31st and February 4th.

A frequent source of this external anthrax is from infected hides brought over from foreign ports. This particular epidemic has been definitely traced to a bale of hides imported from Russia. Five of the men were engaged in unpacking the hides, and the sixth man was engaged at the wharf where the hides were unloaded.

Anthrax is said to be *external* or *internal* according to the mode of inoculation. If the inoculation take place through a wound in the skin, it is called external; but if the inoculation take place through the respiratory or alimentary tract, it is called internal anthrax.

Internal inoculation may take place in various ways. The spores may be breathed into the lungs and get into the system in that way; or they may be taken in food, as it is contained in the meat of animals suffering from anthrax. It is also present in the milk and butter of cows suffering from anthrax, whilst in some instances it has been traced to the water supply.

In cattle and horses there is a form known as *Glossanthrax*, which causes great swelling of the tongue.

I think it would be interesting if I give you a list of the various names by which anthrax is known.

In Man.

External—Malignant pustule.
Anthrax—Charbon—Carbunculus.
Internal— Wool-sorter's disease.
Milzbrand.

In Animals.

External—Black quarter.
Quarter evil.
Joint murrain.
Internal— Splenic fever.
In Russia—Jaswa. Siberian plague.
In India—Loodianah disease.
At the Cape—Horse sickness.
By the Dutch Settlers—Paard-Zietke, Dikkop-Zietke.
In Australia—Cumberland disease.

When in the external form it attacks a young animal, as a calf, it is accompanied with a large swelling of the shoulder or hind quarter. In a few hours the part becomes black and exceedingly œdematous, and a few hours later the animal may die. Hence the name black quarter, or quarter evil. In this country the internal form among cattle is generally known as splenic fever, the spleen being very much enlarged and filled with dark blood.

There can be little doubt that the fifth Egyptian plague was anthrax. This is the first notice of anthrax that we have as "a very grievous murrain" which destroyed all the cattle of the Egyptians that were in the field. Then, as a natural sequence, the murrain was followed by the plague of boils and blains. This was probably the other form of the disease. First, the internal cattle disease or splenic fever; and secondly, the local affection; so that whole herds were killed by this disease, and the men were infected from the animals.

The terms *anthrax* and *charbon* refer to the ashes of the furnace which Moses sprinkled up towards heaven in the sight of Pharoah: "And it shall become small dust in all the land of Egypt, and shall be a boil breaking forth with blains upon man, and upon beast, throughout all the land of Egypt." The date of these events related in chapter ix., Exodus, is put down as 1491 B.C. The bacillus which causes the disease was discovered in the year 1849 A.D. Adding these together, we see that it took 3,340 years to discover the anthrax bacillus.

The bacillus was discovered by Pallender in 1849 and by Davaine in 1850. The causal relation of the bacillus to the disease was affirmed by Davaine in 1863. Pasteur made experiments with the bacillus and succeeded in cultivating it in artificial media, and by successive cultivations arrived at an attenuated virus capable of giving complete immunity, like vaccination against small-pox. This bacillus is one that is easily stained, easily inoculated, and easily studied. It very easily takes the stains of the aniline dyes, and by Gram's method. In length it is about half as long again as the diameter of a red-blood corpuscle, being from $\frac{1}{1400}$ to $\frac{1}{2000}$ of an inch. These bacilli are scattered about in the blood; in the tissues, or grown in bouillon, they form long threads.

The anthrax bacillus was the first pathogenic bacillus discovered and described. This was, probably, because of its large size and the facility with which it is stained and cultivated. It is non-motile, and it requires air for its perfect growth, so Pasteur classed it as an aërobic microbe.

Some animals are perfectly immune to this bacillus. Dogs are immune, so they may be the means of conveying the bacillus; and it is not at all uncommon to find sheep inoculated with anthrax from the bite of a dog that has fed on flesh infected with anthrax. The spores are highly refractive oval granules, developed in the filaments which burst from the membranes and get scattered broadcast, forming rods in suitable media. The spores are less easily killed than the bacillus itself, for they resist desiccation. Boiling, however, kills them in four minutes.

Besides dogs, white rats, fowls and frogs, are immune. Pasteur found that fowls reduced in temperature by cold may be infected.

I shall now proceed to describe the *symptoms* produced by the bacillus. When inocculated locally, as in these six cases, it gives rise to a little itching, which causes the patient to scratch the part. There is no pain at all: so that the inoculation might have occurred some hours or days before you see it. The itching spot is soon wounded and a dark centre forms. It is said that at the very earliest stage this dark centre is preceeded by a small vesicle. I have never seen a case so early as this, but it is quite possible that it occurs. The dark centre is surrounded by a ring of yellowish vesicles which form a crenated margin. Then around this ring of vesicles is an area of red inflamed skin. This appearance is very characteristic and is not easily mistaken when you have once seen it. I daresay that every one of you will have abundant opportunities of seeing an anthrax pustule (as it is erroneously called), for our hospital is the only one in London where these cases can be frequently seen. This is owing to our proximity to the large tan-yards in Bermondsey. It is not infrequently mistaken for carbuncle by those who have not seen cases before. In the case of one of these men, a medical man sent him home from his surgery and told him to poultice the part, evidently not regarding the disease as serious. But if you pay attention to the dark depressed spot, surrounded by yellowish vesicles forming a *crenated* margin, and the brawny indurated red areola, it is impossible for you to make a mistake in a typical case. In many instances the surrounding tissues are swollen for a considerable distance. The parts on which it may occur are the exposed parts, such as the neck, face, and arms. Sometimes a second ring of vesicles may be formed, as in one of these cases where the disease spread after excision. As these inoculations require immediate attention, I will refer at once to their local treatment.

The first step is to freely excise the seat of inoculation. In doing this you must take care to carry your incision some distance beyond the margin of the affected area, cutting away skin and cellular tissue down to the deep fascia. Then the raw surface should be cauterized. This may be done by Pacquelin's cautery, afterwards sulphur, iodoform, or ipecacuanha powder may be applied. Sulphur was used in five of these cases, and it acted extremely well, causing superficial sloughing. Ipecacuanha powder was used without cautery in one case, but this did not act so well, as the disease continued to extend from the edges of the incision. This was re-excised and rubbed with sulphur, after which the spread of the disease was checked. Notwithstanding that Dr. Washbourn has shown that ipecacuanha is a specific against anthrax, its local action is insufficient to prevent the spread of the disease. The temperature may rise to 101°, 102°, 103°, 104°, and in some fatal cases it may be as high as 106°.

When the inoculation takes place in the neck, the œdema frequently extends along the loose cellular tissue around the trachea to the thorax and the structures in the mediastinum. A dangerous complication is œdema of the glottis; the œdema here may be so extreme as to cause death by suffocation. In these cases you may perform tracheotomy; but should the cases have reached this stage, they generally prove fatal. In many instances some enlargement of the glands can be made out; but when the œdema

is extensive it is apt to obscure the glands though they may be enlarged.

A very remarkable feature of all cases of anthrax is the slight amount of pain present. In this respect they differ greatly from boils and carbuncles, which are accompanied by a distressing amount of pain. Another main distinction between boils and carbuncles (due to the staphylococcus pyogenes aureus) is the absence of pus formation in anthrax—hence malignant "pustule" is a misnomer.

Patients often suffer from dyspnœa. This may be secondary to the respiratory obstruction caused by the œdema of the glottis, or may be dependent upon inflammation of the lung. In these cases the patients may become purple or blue in the face. Sometimes there is sickness, or there may be diarrhœa.

The above symptoms, though they apply more especially to the local inoculation form, are true in part of the internal anthrax or wool-sorter's disease. The most prominent symptoms of wool-sorter's disease are rigors, high temperature, cyanosis, difficulty in breathing, rapid feeble pulse, headache, and a characteristic weakness and pallor followed by collapse. In some cases delirium followed by coma preceeds death. Pasteur thought the cyanosis and pallor might be explained by the bacilli robbing the red-blood corpuscles of their oxygen.

I shall pass on now to consider the different *modes of death.*

First comes a very high temperature or hyperpyrexia. It is almost certain that some die from changes consequent on a too high temperature. The temperature may run up to 105°, 106°, or 107° before death.

Again, patients may die from respiratory troubles, whether the trouble be in the lungs or about the larynx or trachea. We saw how œdema might cause death by occluding the glottis. Broncho-pneumonia is the form in which the inflammation most commonly attacks the lungs.

Other patients may linger on, getting more and more exhausted, until they die from mere weakness. In these cases it is probable that the leucocytes are able to hold their own for a time, but that finally they become incapable of destroying the bacilli.

In other cases, again, the heart suddenly fails and the patient dies from syncope.

Some die of meningitis. I lost a patient in this way about two years ago. He became very delirious and fell into coma before death. On his meninges were found a number of small hæmorrhages crowded with bacilli.

Clinically, the bacilli may be found in the various secretions of the body. Some years ago I had a case in which all the secretions of the body were thoroughly examined. In this case bacilli were found in the saliva, the urine, the fæces, and the sweat. Bacilli have also been found in the milk of those animals that secrete milk.

Post-mortem, bacilli have been found in every organ and secretion of the body. The blood is very dark in colour and does not tend to coagulate. Small hæmorrhages are found under the serous and mucous membranes, such as the pleura, pericardium, peritoneum and mucous surface of the intestines. These hæmorrhages when examined by the microscope are found to be crowded with bacilli.

The *spleen* is a dark soft mass. It varies considerably in size, but is usually much enlarged. In the lower animals it becomes very large, so that the disease goes by the name of splenic fever. The kidneys and liver are also congested. The vessels of the kidneys are sometimes so packed with bacilli that they look as if they were injected. In those patients who die of meningitis, hæmorrhages crowded with bacilli are found under the arachnoid.

I shall now say a few words about the internal form of anthrax. In this disease, inoculation takes place probably through the lungs or intestines, *i.e.*, the bacilli are either inhaled or swallowed. This disease is most common in Bradford. The people who suffer from it are those who have to do with mohair, alpaca, and camels hair, in the manufacture of various fabrics. In these cases there are only serious constitutional symptoms, and no local signs to guide you. The most prominent of these symptoms I mentioned above. The cellular tissues became affected secondarily and not primarily. The occupation is an important factor in making a diagnosis. The treatment in such cases must be entirely internal. The best thing to give, as in the external form, is de-emetised ipecacuanha. These six cases were all treated internally with ten grains of de-emetised ipecacuanha every four hours.

When external anthrax tends to get well, the temperature generally falls on the third or fourth day after excision of the seat of inoculation. This is a very interesting point in connection with these cases, and I may briefly consider each case in relation to this point.

1. The first case is that of a man 22 years of age. The seat of inoculation is on his face. He was admitted on January 30th. The swelling appeared some days before admission, and

gradually increased and became very irritable, so that he scratched it a good deal. The temperature came down to normal on the fourth day after operation.

2. The next case was admitted on February the 1st. The seat of inoculation was on the neck, a little below and in front of the angle of the jaw. It was about three-quarters of an inch in diameter. His temperature was up to 102°. The temperature was normal again on the fourth day after excision.

3. The next patient first noticed a pimple on the right side of his upper lip—on January 28th. He was admitted on February 3rd, having a temperature of 101°. The pustule was excised at once, and on the second day the temperature was down to normal.

4. The fourth patient is a man 39 years of age. He was admitted on February the 3rd. The pustule had been noticed about a week before admission. It was excised at once, and on the fourth day the temperature was down to normal.

5. The next patient was admitted the same day, with the same history. His temperature on day of admission was up to 104°, but was down to normal the fourth day after excision.

6. This last patient was admitted on February 3rd, and though the pustule was the least extensive, it proved to be the worst case. The pustule was situated on the right side of the neck. In this case ipecacuanha powder was applied to the wound instead of sulphur. His temperature instead of coming down continued to rise, and on February 7th it reached 104°. On this date the wound was surrounded with brawny indurated skin, and below and in front of it there were numerous vesicles. The contents of these vesicles were examined and found to contain bacilli. The brawny part and vesicles were removed, and the whole surface rubbed with sulphur. On February 8th the temperature was beginning to fall, and on the 9th it was down to normal—six days after the first excision. This patient also had a good deal of delirium, and his recovery was much slower than that of the other patients. During the delirium a sub-conjunctival hæmorrhage took place, which probably indicated a similar condition on his meninges.

As many of you in the future will probably become medical officers of health I will allude to the different modes of *dissemination*. As I have before said, it is generally imported into this country through foreign hides, so that the workers in the Bermondsey tan-yards, the wool and hair sorters of Bradford, the wharfingers where the skins are unloaded, are the persons especially liable. From the sud-water of a factory draining into a stream where cattle or sheep drink, the disease may spread to live animals. The carcases, if not properly buried, may be eaten by dogs, which are immune, and their teeth will then inoculate the disease in any animal they may bite. Flies also have the credit of spreading the disease after they have settled on diseased animals, for the bacillus has been found on their probosces as well as in their interior. Perhaps the flies get more credit of evil than is their due, as the early inoculations suggest by their appearance a fly-bite. Our six cases occurring in winter could not be attributed to them. The men probably scratched and abraded the skin with their infected nails. As the secretions of all animals infected contain the bacillus, cattle and sheep contaminate the grass on which they feed; so also the milk of infected animals may spread the disease among human beings. Pasteur gives earthworms the credit of raising the bacillus to the surface from the carcases of animals that have been buried. A remarkable case has been brought to my notice of an outbreak of anthrax following the ploughing up of a meadow in which anthrax carcases had been buried some ten years before. Robertson gives an interesting account of the manner in which the disease was spread by a sheep-shearer. A man had skinned the carcases of sheep which had died of anthrax. Ten days later he joined with others in the summer shearing. Among the shorn sheep anthrax kept appearing. As a shearer is always to be known by the manner of his shearing the infected animals were inspected and all found to have been shorn by the man who skinned the infected carcases.

The mode of disposal of the carcases and skins becomes a matter of the greatest importance. As no germs can live at a temperature of 212° F., cremation, if possible, would seem to be the best method of destroying them. When the carcases are buried they should, I think, be taken to some place in a wood where the ground is unlikely to be disturbed for many years, and trees should be planted over the infected spot. Great care should be taken that the soil does not drain into a neighbouring rivulet.

Note.—Two days after the admission of the six cases on which this lecture was given, a girl, aged 4, was admitted with anthrax inoculation on her left cheek. A boy, aged 13, was admitted a few days later under Mr. Golding-Bird. These children lived in houses opposite the tan-yard. The boy had seized a goat's tail

and made a moustache of it, and in this way inoculated his lip. He is supposed to have kissed the girl with it. They both recovered after excision.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	7.	Mitral regurgitation. Chlorosis.
	25.	Mitral regurgitation.
	28.	Mitral stenosis and regurgitation.
	41.	? Aneurysm of aorta.
Philip	10.	Right hemiplegia and aphasia.
	14.	Aortic and mitral regurgitation.
	30.	Congenital heart disease. Pulmonary stenosis.
	34.	Mitral stenosis.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	38.	Mitral and aortic regurgitation.
	40.	Mitral and tricuspid regurgitation.

Nervous System.

Philip	4.	Compression paraplegia.
	27.	Eclampsia. Plumbism.
	29, 38.	Sciatica.
	30.	Hemiplegia.
	31.	Compression paraplegia. Spinal caries.
Stephen	1.	? Ataxic paraplegia.
	7.	Chorea.
	11.	Post typhoidal neuritis.
	32.	Locomotor ataxy. Ulcerative colitis.
	39.	Muscular atrophy.

Alimentary System and Abdomen.

Mary	3.	Gastric ulcer.
	4.	Ascites. Pleuritic effusion.
	10, 13.	Appendicitis.
	18.	Jaundice. Enlarged liver. Distended gall-bladder. Gall-stones. ? Carcinoma.
	32.	Carcinoma of stomach.
	45.	Ascites. Cirrhosis of liver.
	47.	Hydatid of liver.
Philip	2.	Ascites. Carcinoma of liver.
	24.	Typhoid fever.
	25.	Tuberculous peritonitis.
	33.	Carcinoma of liver.
Stephen	14.	Enlarged liver and spleen. ? Cirrhosis of liver.
	19.	Jaundice. Enlarged liver.
	24.	Diarrhœa. Arsenical poisoning.

Respiratory System.

Mary	2, 27.	Phthisis.
	14.	Bronchitis and emphysema.
	40.	Basal phthisis.
Philip	5.	Pneumonia.
	18.	Pleurisy.
	19, 23.	Phthisis.
	21.	Bronchitis and emphysema. Cardiac dilatation.
Stephen	3.	Phthisis. Tuberculous laryngitis.
	6, 18.	Hæmoptysis. Phthisis.

Genito-Urinary System.

Mary	5.	Chronic tubal nephritis.
	34.	Diabetes mellitus. Pruritus vulvae.
	46, 49.	Tubal nephritis.
Philip	7.	Chronic tubal nephritis.
	11.	Acute tubal nephritis.

Miscellaneous.

Mary	1.	Late rickets.
	19.	Eczema.
	23.	Lardaceous disease.
	31, 37, 38.	Acute rheumatism.
	39.	Addison's disease.
Stephen	2.	Gout.
	10.	Eczema.
	16.	Rheumatism.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

Naaman	2.	Calculus vesicæ.
	7.	Sarcoma of forearm. Amputation.
Charity	7.	Intestinal obstruction. Lumbar colotomy.
	7.	Ankylosis of jaw, occurring in course of scarlet fever.

CASES UNDER MR. DAVIES-COLLEY.

Cornelius	2.	Fractured femur.
	12.	Dislocation of hip, with sciatic notch.
	16.	Cut throat. Thyroid cartilage divided below vocal cords.
	20.	Fractured femur. Depressed fracture of skull. Elevation of fragments.
Lydia	3.	Old separation of upper epiphysis of femur. Tuberculous glands in neck and axilla.
	8.	Acute middle ear disease. Double.
	9.	Cut wrist. Divided tendons.
	17.	Subungual exostosis.
	18.	Extra capsular fracture neck of femur.
	20.	Fibrous epulis.
	21.	Varicose veins.
Luke	—.	Calculus vesicæ.
	2.	Varicocele.

Luke	9.	Carcinoma recti. Colotomy. Perineal abscess.
	18.	Gas explosion. Burn.

Cases under Mr. Lucas.

Accident	25.	Cut wrist. Divided tendons, ulnar and median nerves, ulnar artery.
Job	2.	Ossifying periosteal sarcoma of upper end of tibia. Amputation.
	3.	Phimosis.
	4.	Lupus of face.
	5.	Epithelioma linguæ.
	8.	Rodent ulcer.
	9.	Ununited fracture of humerus.
	16.	Recurrent carcinoma vesicæ.
	24.	Mastoid abscess.
	25.	Tuberculous ankle-joint.
Lydia	Cot.	Fractured femur.
Charity	2.	Calculus vesicæ.
	12.	Tuberculous glands in neck.
	Cot.	Congenital talipes equino-varus.

Cases under Mr. Golding-Bird.

Lazarus	—.	Cleft palate.
	7.	? Locomotor ataxy. Charcot's joint (shoulder).
	13.	Enlarged prostate.
	18.	Undescended testicle (inguinal retention) on left side. Hydrocele on right side.
	20.	*Varicocele.*
Martha	2.	Sebaceous cyst.
	6.	Lipoma on buttock.
	8.	Cleft palate and hare-lip
	9, 18.	Enlarged bursæ patellæ.
	Cot.	Talipes equino-varus. Congenital.

Cases under Mr. Jacobson.

Dorcas	3.	Tuberculous knee-joint.
Naaman	20.	Growth (? epithelioma) following injury to cheek.

Cases under Mr. Symonds.

Job	10.	Appendicitis. Recurrent abscess in iliac-fossa.
	11.	? Tertiary syphilis. Ulcerated tonsils. Enlarged glands in neck. Syphiloderma. Nasal polypi.
Luke	16.	Ankylosis of elbow and wrist-joint, following cellulitis of forearm.

Cases under Mr. Lane.

Dorcas	4.	Spinal caries. Compression paraplegia.
	Cot.	Hare-lip.
Job	11.	Hæmorrhoids, internal and external.

Case under Mr. Dunn.

Lazarus	3.	Recurrent appendicitis.

Guy's and the Beginnings of Vaccination.

Dear Mr. Editor,—On May 14th will be the centenary anniversary of the discovery of vaccination, and on June 18th I have undertaken to give the Cavendish Lecture before the West London Medical Chirurgical Society on "Jenner and his Work," on which occasion I shall bring to the notice of the profession some original documents, including a letter from Jenner upon his first successful case, May 14th, 1796. In looking up material for this lecture I have gone over some early volumes of minutes of the old Guy's Hospital Physical Society, founded in 1771, which I years ago rescued from destruction, and when doing this I took brief extracts of the doings of this Society with reference to cow-pox and Jenner's investigations as well as to other subjects. The cow-pox notes I now send to you for publication in your next number, if you can find room for them, as this not only too truly illustrates the progressive stages which invariably follow the announcements of any new discovery, viz.: incredulity, scepticism, opposition, slowly progressive acceptance, and at last full acceptance with enthusiasm, but show how the subject was considered at a very early medical society, and what part Guy's and the Physical Society of Guy's took in encouraging the practice and doing honour to its discoverer.—Yours faithfully,

THOMAS BRYANT.

65, Grosvenor Street, W., May 11th, 1896.

At a meeting of the Physical Society of Guy's Hospital, founded in 1771, and held in its 28th session on *October 6th, 1798*, a Paper was read by Dr. Hawes upon an interesting subject which had recently been brought before the public by Dr. Jenner. It was relating to a disease called cow-pox. The publication in question went to establish a new mode of practice by "Inoculating this disease from cows to the human subject, thereby preventing them from having the small-pox."

The subject was again discussed on *October 27th*, when Dr. Haighton, who was in the chair, said that as the deaths from small-pox after (variolous) inoculation were only 2 out of 1300 at the Small-pox Hospital, he did not see why risks should be incurred by a new practice.

On March 2nd, 1799, the following subject was selected as the one for the Physical Society prize:—

"What is the origin of cow-pox, and in what does it differ from small-pox? Are its effects on the human constitution milder than those of the inoculated small-pox? And is a patient who has been inoculated for the cow-pox and experienced its constitutional effects, equally secure from the contagion of the small-pox."

On October 5th, 1799, a much more favourable view of cow-pox was taken than had been formerly expressed.

On December 7th, 1799, it was still more favourable; and also on January, 18th, 1800.

On March 2nd, 1800, Dr. Hawes wished to enquire if the success attending the practice of inoculating with cow-pox was yet sufficient to establish this mode as preferable to the old one of inoculating with small-pox matter?

Mr. Stocker, the then Resident Medical Officer to Guy's Hospital, observed that the body of evidence in favour of the cow-pox was so strong, and so well authenticated, that he could not withhold his assent to the practice, and that he was ready to inflict this disease upon any part of his own family, from a thorough conviction that it was a milder disease and attended with less hazard than small-pox. The cow-pox, also, had another advantage over small-pox in not being infectious.

On April 26th, 1800, the 29th session of the society, Dr. J. Curry in the chair, the subject of cow-pox was again discussed, when Dr. Hawes stated that it was then the custom of Dr. Jenner to inoculate from the first patient who received it from the cow, instead of taking it again from the animal. Dr. Curry observed in the discussion that it was a point clearly decided *that eruption did not belong to the genuine cow-pox, and that where this symptom did occur it was from some communication with small-pox.*

On October 18th, 1800, the 30th session, Dr. J. Curry in the chair, "An interesting discussion took place upon the cow-pox, in which most of the members of the society bore testimony to the happy consequences likely to result from its introduction into practice. They all agreed that little could be added to the very full and accurate information already laid before the public by Dr. Jenner and others."

On December 6th, 1800, the 30th session, vaccination was again discussed; and the evil of using matter taken when a scab had formed upon the arm pointed out and illustrated; also, of using lancets which had been used for variolous vaccination.

April 6th, 1801, 30th session, Astley Cooper in the chair—cow-pox again discussed favourably to the new treatment.

December 26th, 1801.—Reports from Italy were quoted, demonstrating the success of the practice, and announcing the enthusiasm with which it was being adopted.

On January 2nd, 1802, the 31st session of the society, Dr. Jenner was proposed as an honorary member of the society, with Jefferson, the President of the United States, and Abel Chapman, Treasurer of St. Thomas's Hospital.

A Paper by Mr. Parsloe, on the cow-pox, was read on December 12th, 1801, and discussed for at least five meetings, ending on January 30th, 1802, when the thanks of the society was voted to Mr. Parsloe and also to *Dr. Jenner* for his assistance in the debates thereon.

On February 4th, 1802, there was a meeting of the common committee of the society, when the following proposal was made and carried on February 6th—the two first resolutions with the exception of two or three members, the two last unanimously:—

1. That a new class of members be established under the title of Honorary Associates, consisting of such persons as have eminently distinguished themselves by important discoveries in any branch of physical science.
2. That a diploma informing the Associate of his election shall be written upon vellum and presented to him, accompanied by an address from the Presidents.
3. That Dr. Jenner, on account of his discovery of the vaccine inoculation, is considered as pre-eminently worthy of being placed at the head of this list.
4. That a testimonial in favour of the new inoculation, signed by those members of the society who approve of the practice, shall be printed in at least two of the public papers and sent to the medical journals, requesting its insertion.

The common committee met on February 9th, 1802, and settled the wording of the diploma to Dr. Jenner, which was in Latin, and also that of the testimonial, which was to be forwarded to two of the public and medical papers. The members present included, with others, Drs. Haighton, Curry, Messrs. Saumarez, Astley Cooper, and James Stocker.

The latter was as follows:—

"The President and Members of the Physical Society of Guy's Hospital, deeply impressed with the importance of the discovery of vaccine inoculation, are anxious to express our opinion of its efficacy, and our profound veneration for its author, Edward Jenner, M.D.

"We entertain a perfect conviction that this inoculation is a certain preventive of the small-pox, and trust that the period is not remote when that dreadful scourge of the human race will become totally extinct. We are fully persuaded that where vaccination has been properly conducted, no instance has occurred of its having occasioned any dangerous consequence, or failed to produce those effects which its discoverer uniformly has set forth.

"We further state our belief, that the vaccine inoculation from its superior mildness, will not call forth those latent seeds of disease which occasionally arise after the small-pox, even under the best management, and which otherwise might never have taken place.

"We feel the warmest sensations of gratitude and respect for the liberal manner in which the author has communicated his discovery to the world, uninfluenced by any motive of self-consideration, and we contemplate the discovery itself as a memorable epoch in the annals of medicine.

"The society presumes to hope that the author of this happy discovery will meet with that reward from his grateful country which he justly deserves, for having thus rendered himself the benefactor of mankind."

On February 20th, 1802, the 31st session of the society, the diploma as an Honorary Associate and the

testimonial in favour of vaccine inoculation were presented to Dr. Jenner in the medical theatre of Guy's Hospital, by Dr. Walshman, the President, with a suitable address.

32nd session, December 4, 1802.—Discussion; cow-pox. All in support of what Jenner had stated.

February 26th, 1803.—Dr. Jenner read a paper on a singular variety of small-pox which occurred some years previously in Gloucestershire. In mildness it simulated the inoculated sort, the patients in general having very few pustules. It had extended for thirty miles, and never proved fatal. Jenner had sent some of the matter to John Hunter to use, before his death in 1793. An old lady said it was the swine-pox, which had appeared fifty years before. THOMAS BRYANT, F.R.C.S.

The Re-Endowment Fund.

The issue of invitations to the Dinner and Reception proceeds apace, and we think the result will show that few friends of Guy's have been left without acknowledgment of their kind support. It is particularly hoped that there may be an equal number of ladies to gentlemen at the Reception.

It should be noted that members of the Staff, old Guy's men, students, and others of our readers who may have been invited to the Dinner, will receive in addition a double ticket for the Reception.

The office has been exceedingly busy during this week receiving collections from old Guy's men and students, and sending receipts to all principal donors in the various lists. The latter process is not yet nearly complete, but is being pressed forward with the utmost despatch.

Some of the above collections are really very handsome in amount, and the Hospital will have reason to be proud of its own people. Only a small proportion of the collection books, however, have yet come to hand, and, as it is only natural to suppose that every one of them contains something, it is hoped that the remainder may be received not later than June 1st, so that the full list may be made up for the Festival Dinner.

Should, however, there be such things as blank books, may we suggest that the holders of them should relieve their feelings by purchasing a double ticket for three guineas and attending the Reception; also by inducing as many friends as possible to do the same. This should form a most acceptable plan of helping the cause, and, if carried out, would result in the grandest meeting on record of old Guy's men. Tickets may be obtained from the Secretary to the Treasurer.

Will all our readers kindly note that the persistent rumour "that Guy's has already got all the money it wants," is utterly without foundation, and most damaging to the success of the Fund. If the exaggerators could have a short experience of the difficulty of raising fifty let alone five hundred thousand pounds, they would probably be effectually cured of their evil propensity. The figure to be announced at the Dinner will only be equal to a first instalment of the amount required.

As already announced, H.R.H. the Duchess of Albany will open the Fancy Fair at Shortlands on Friday, the 29th inst., and we now hear that Lady Randolph Churchill has kindly consented to act in a similar capacity on the second day. This will be a great occasion, and the organisers deserve every support. May we repeat that tickets for admission are: Friday, five shillings; after six, one shilling; Saturday, two shillings and sixpence; after six, one shilling. A capital programme will be performed by the "Dis-Guysed" Minstrels on the evening of the 30th inst.

We have before us the excellent programme of an Entertainment, given in aid of Guy's, at the out of the way little village of Fowey, Cornwall. Everyone we hear worked splendidly, especially the ladies, and, we venture to add, Dr. W. H. Boger, whom many will remember.

Obituary.

SURGEON-MAJOR HENRY OGILVY STUART, F.R.C.S., A.M.S., died on May 11th, after a long and painful illness. He entered the service as Surgeon, February 4th, 1872, becoming Surgeon-Major twelve years later. He served in the Afghan war in 1880, and received a medal; in the Soudan Expedition, under Sir Gerald Graham in 1884, in command of detachments of the Army Hospital Corps, being present in the engagements of El Teb and Tamai, receiving medal with clasp and Khedive's Bronze Star; and with the Nile Expedition in 1884–85, when he was present at the action of Kirkbekah, and gained two clasps.

From the Gazette's Special Pathologist.

NOTICES.

J. H. G., ALDERSHOT.—The larynx is affected with a squamous-celled epithelioma, which has apparently invaded it from the lower end of the pharynx. The growth has almost encircled the superior aperture of the larynx, and thence extended mainly into its right half. There are secondary deposits in the glands.

C. G. R., HALSTEAD.—The tumour from the jaw appeared to be a suppurating lymphatic gland, adherent to muscle and to a salivary gland. The axillary tumour was a flattened sebaceous cyst.

R. E. P., LOUGHBORO'.—No tubercle bacilli could be detected in the sputum.

R. B. M., SWAFFHAM.—Tubercle bacilli are present in the sputum in fair numbers.

J. S. H., ASTWOOD ROAD.—No tubercle bacilli could be found in the sputum. PATHOLOGIST.

Passim.

On May 14th, 1796, Edward Jenner performed his first case of vaccination, and the result proved successful. It is due, therefore, that we should join with our medical contemporaries in bringing again before the eyes of the medical profession the work of that remarkable man. In the leading article which heads this number, the chief points in Jenner's career are given, and in another column an interesting account of the part played by Guy's Hospital in recognising the new treatment, as it was in those days. This part was by no means inconsiderable, as is shown in the interesting account we publish of the early discussions at the Physical Society; and, although Guy's men cannot be said to have assisted much in the original discovery, they were amongst the first to recognise it, and to help in bringing it into general use.

At the same time we publish a few notes about the early days of the Physical Society. As Mr. Bryant remarks, the Guy's Physical Society was one of the earliest medical societies started in London, and we have good cause to be proud of its history in the past as well as of its prestige in the present and prospects for the future. The minute books from which the extracts given by Mr. Bryant are taken were rescued by him from the room next the chapel before it was cleaned up and re-painted, and long before it knew the present formidable array of clerks working in it under Mr. Wells' supervision. We hope that the books may be on view some time during the course of the next Winter Session.

It is an incident regrettably frequent in the annals of this Gazette, that editors withdraw after a short spell of office from the honours and the duties of their position. The fierce light that beats upon the editorial chair has shown to the wider world all their manifold virtues and abilities, and they are called to a higher, or at least more advanced sphere of work. *Requiescant in pace;* for their labours are done. No more have they—in the default of the shorthand writer—to take down clinical lectures until their fingers ache, or to spend weary hours in writing out a lecture from their notes and text-books combined. No more need they hunt the secretaries of the athletic clubs; or look in vain for reporters of debates or other meetings, or greet with pleasant smiles the announcement that the surgical news is not ready; or burn the midnight oil over the blank pages intended for Passim. That is a thing of the past. Each editor has been condemned in turn; by one, for partiality; by another, for rough candour; by a third, for sitting on two stools at once; and by a fourth, for sitting on no stool at all. That being so, he has attained in some small degree to the ideal which has been laid before him.

This is, perhaps, a convenient opportunity of rebuking those who, for the most part, not of the Guy's persuasion, gibe at our Gazette as attempting too much and attaining too little. We do not seek in the present, or in the extreme limits of the future, to rival the general medical papers. Our function as a "students' journal" is to record all that goes on in connection with the Medical School, and supply such medical news as may be of use to our readers. That is the aim of the Gazette, and that aim has, it will be admitted, been very well sustained in the past. For the future, it must depend not only on its officials, but also on the cordial co-operation of every member of the Hospital.

The forty or so Guy's men who went to the benefit performance at the "Star" last Wednesday got more than their money's worth, and have seldom laughed more than they did for the space of some four hours that night. The Society Villain was one of the most fascinating of characters, and the gentleman who converted his dressing-table into a four-post bed and applied "Keating" and then floored the villain in the nick of time, or just after it, was not much behind him. A special verse was given concerning Guy's and the Fund, and received with loud applause. Our best thanks are due to Mr. Hart and his supporters, and we trust we have not seen the last of him or his entertainment, which is well worthy of a visit. The net result to the Fund is the considerable sum of £54 13s.

We regret that we have not room to publish a long letter we have received from Dr. J. F. Briscoe, of Alton, Hants. His suggestion might be useful to some old Guy's men in collecting for the Hospital, namely, to start collecting-boxes in shops, working-men's clubs, and public places, with a maximum limit of 6d. The idea should at the same time be widely dispersed through the local press.

The Residents' Dance on Tuesday was a complete success, and the splendid arrangements made by the executive committee were

capped by fair weather, which enabled Lycidas to sport with Amaryllis in the shade out of doors—an inestimable benefit, both physical and moral. The stewards did their work excellently, and few dances can have been left open for want of introduction. Mrs. Pye-Smith and Mrs. Howse acted as hostesses, and the Treasurer very kindly lent his drawing-rooms for the occasion. Some 120 persons did "foot it featly," more or less, while painted treasurers from their panels in the wall looked on the giddy dance in solemn approval. Soon after midnight the guests were gone, and a series of toasts was drunk in the board-room, the last of which, in honour of the Master of the Ceremonies, was drunk in silence with musical honours, in the comparative silence, that is, of a concerted whisper. We hope the gods will be propitious and give us many more such dances.

SUSTENTATION proceeds apace with at least six male and four female professional assistants. The books, we believe, are coming in by degrees, and augur well for the total sum to be announced at the Dinner; but more are required. We would again remind everyone of the Fancy Fairs in St. Mildred's Hall, at Lee, on May 27th and 28th, and at Shortlands House, under most distinguished patronage, on the 29th and 30th.

THE performances at Shortlands will consist of a theatrical entertainment in the afternoon and a variety entertainment in the evening of Friday the 29th, and on Saturday of a concert in the afternoon and of the great "Dis-Guysed" in the evening.

GUY'S has been doing well in the examinations, with eight men through at Cambridge, three at Durham, thirteen in the primary fellowship, and twenty-four out of twenty-six for the L.D.S. The last, we believe, is the best performance on record. For the Diploma of Public Health no candidate who has done his work in Guy's has failed for several years past, and two more are to be congratulated on their success this year.

IN the recent London M.B. examination a specimen of erythema induratum was shown and recognised by two men only. Those two men were from Guy's.

ANOTHER letter from an old patient to her favourite dresser is valuable as a specimen of orthography.

Dr W———
frunt Entrence
Gyes Hospital
London

SIR—I hope that you will excuse me far taking the Libeary of ritten to you as my frend that I aske you a baut wen I was Coming to the Hospital with my harm cant Come up tell after Christmas and he is so wonting to Come under your Care ef you will cindley send ward wot day after Chritmas will suit you he will Come with maney cind thanks for your cindest trusting that you will excuse us for ritten a ancer will a blidge from yaur ableadent—

WE are requested to announce that the First M.B. Examination at Cambridge will begin on June 9th, and the Second on June 11th. Further particulars may be seen in the colonnade.

IT is wonderful how persons can be found to join and to take part in international congresses so freely as they do. Here, for instance, we have the programme of the congress of Dermatology, which is to hold its meeting somewhere in London from August 4th to 8th, and on it we see the names of one professor from Parma, another from Vienna, a third from Naples, a fourth from New York, a fifth from Chicago, and so on. Will this congress constitute their annual holiday? If they all appear there will certainly be no dispute as to their constituting an authoritative body on the subject of skin diseases, which requires so much elucidation.

DRS. STEVENSON, HALE WHITE and HORROCKS have been appointed Examiners at the London University for 1896–7 in Forensic Medicine, Materia Medica and Pharmacy, and Obstetric Medicine, respectively.

WE are requested to state that the Dental Society will hold their Annual General Meeting on Friday, May 29th, 1896, with Mr. Maggs, President, in the chair.

IN consequence of the Festival Dinner on behalf of the Sustentation Fund being fixed for June 10th, it has been decided to postpone the usual Biennial Festival to October 1st.

THE following concerns an old Guy's man:—"Lately six cases left Akasheh under the medical charge of Surg.-Capt. Spong, on camel 'cacolets.' The distance between Akasheh and Sarras by the convoy road is about 52 miles. This was accomplished in 33½ hours (including a halt of 12 hours, 3 a.m. to 3 p.m.).

The men were given a rest at Sarras of about four hours, and then entrained to Halfa, arriving at Halfa Hospital none the worse for their journey."—B. M. J., May 16th.

WE are requested to call the attention of some of our readers who have not yet paid their subscriptions to the GAZETTE and REPORTS, that with this number they will find a reminder of their liability, and to state that it would greatly assist the Secretaries in the obviously difficult task of revising the accounts if they will kindly forward their overdue subscriptions at the earliest possible moment.

INTENDING candidates for the Third and Fourth Years' Prizes are reminded that they should send in their names to the Dean not later than the 26th instant. Names will also soon be required for the post of Two Assistant Demonstrators in Anatomy for next Winter Session.

IN cricket we have been doing tolerably well, the best things being Nicholls' splendid century against Hornsey, Cawston's 76 for the second team, and Butler's feat of taking four of the Dulwich second's wickets in consecutive balls. The Cup-tie is now drawn, and we are to play London. Gird up your loins O ye cricketers, for we cannot allow ourselves to be beaten at the outset. We hope to see a good display and a large audience in the Past v. Present match on Monday.

IN future, all the Lawn-Tennis Courts at Honor Oak Park will be free. Two sets only will be allowed if others are waiting to play. Meanwhile, training for the sports has not gone on with that ardour that we should have wished. The sports are to be held in two and a half weeks' time, the whole of which is not enough for good training.

Two small improvements are going on in the Hospital, the value of which may not at first sight be apparent. One is a small red-brick lodge, to hold a porter, close to the Maze Pond entrance, which has been hitherto freely used by patients and the public. The Newcomen Street entrance will be closed. The second improvement is the asphalting of the eastern quadrangle of the surgical building, so as to allow for the temporary encampment of the surgery staff there in the summer, when the surgery itself is to be renewed. The soil raised consisted, it is worthy of note, of one part gravel to four of soot.

The Rise and Progress of the Physical Society of Guy's Hospital.

FOUNDED IN 1771.

BY THOMAS BRYANT, F.R.C.S. Eng. and I.; M.Ch.

THE following brief extracts from the minutes of this society fairly illustrate how in the last century medical societies originated, and have developed by an evolutionary process into their present proud position.

The minutes for 1775 are apparently the first that were kept. They were very brief and formal. The subject for discussion was alone mentioned.

December 16th, 1775.—A proposal was made that no member or visitor be suffered to take notes of the speeches made to this society during the discussion of a dissertation except the President, and this was carried by ballot.

Dr. Walshman proposed an amendment, that each gentleman taking notes during the debates should deliver up such notes before the society adjourns. This proposal was, however, withdrawn.

It was arranged also that any proposal intended to be balloted for was to be given in writing to the President and read to the society a week before it is brought up to a ballot. It was also voted that every ordinary member absenting himself for five nights was to be expelled.

April 27th, 1776.—It was voted, that money be expended for such books as shall be judged proper by the committee.

On December 7th, 1776, the following resolution was passed:—"That at the next meeting of the society six members shall be appointed a committee for determining what questions shall come before the society. Three to be a quorum."

The following subjects for discussion were then arranged:—

1. Whether it is better to use the crooked needle or tenaculum in taking up arteries after amputation?

2. Are there remedies that act upon antiseptic principles in the animal economy?

3. Is nutrition performed by the arteries or the nerves?

4. In what point of view should the human body be considered, so as to speak of it intelligibly, yet consistent only with truth and reality?

5. To what cause are we to attribute the present successful method of inoculation?

6. When an artery is wounded in venesection, would it not be advisable immediately to lay it bare and bring the lips of the wound together by means of the twisted suture, rather than to wait till it becomes necessary to perform the operation for the aneurysm in the usual manner?

7. In compound fractures of the large cylindrical bones, ought we to amputate or ought we to endeavour to save the limb?

On several occasions no meetings were held on account of either the absence of a president or members.

No notes of discussion were taken, and only such subjects were discussed as had been selected by a committee.

February 7th, 1778.—It was proposed by Mr. Cline, and seconded, that every ordinary member in rotation shall give in either a case or dissertation, and agreed upon. Mr. Cline handed in a case of Bubonocele.

March 26th, 1778.—Mr. Browne promised to favour the society with a code of laws for their inspection the next evening.

October 3rd, 1778.—First meeting of new session. Mr. Cline proposed, and some one seconded, "That any member not attending at the hour appointed, or before 7 o'clock, shall forfeit only sixpence; but if he comes after 7 o'clock, or absents himself the whole evening, he shall forfeit one shilling." Members who failed to attend five meetings were to be expelled.

On March 17th, 1779, it was agreed that the rules of the society should be read every six weeks.

May 11th, 1779.—The thanks of this society was voted to Dr. Lowder for the use of his theatre; and again in 1780. Dr. Lowder lectured on Midwifery with Dr. Haighton at the United Hospitals.

March 25th, 1780, Dr. Walshman in the chair.—"A general and considerable contest was occasioned and continued for the evening on the propriety of the motion before them, namely, a dissolution of the society, and a division of the books, which was proved to have been unjustly made at the preceding evening, there not then being a quorum. The disputes soon grew to great warmth. The impropriety and illegality of their proceedings were pointed out, and the distructive example it would prove to future societies."

The President acted as moderator, and the Librarian said that he could not with law or justice yield the properties of others to the small part who supported the motion. Victory consequently was gained by the representatives of the society, which was to continue.

October 19th, 1780.—It was proposed that for the present the meetings of the society should be held every other Thursday instead of every week.

There were no minutes between this date and Nov. 21, 1782.

On November 28th, 1782, it was agreed that in future the meetings of the society shall take place in the *Theatre of Guy's Hospital.*

December 19th, 1782.—At this meeting the minutes were enlarged and included some few particulars of the papers read or cases discussed; and not only, as before, the names of the subjects discussed.

The meetings from this time became better attended, and much life was thrown into the work. The minutes under the heading of "Medical News" rapidly developing.

On January 4th, 1783, specimens were also exhibited.

On April 22nd, 1786, and December 2nd, 1786, resolutions were passed respecting the laws of the society, which were not satisfactory. Alterations were directed to be made.

Many members were expelled for not paying fines. 1d. fine was also exacted for leaving before the end of the meeting without the President's permit, 2d. for not giving in a dissertation, 3d. for not attending meetings, 4d. for not attending committees.

[The minute books will be returned to Guy's in a few days and will, we hope, be on view in the Library.—Ed.]

The late Sister Patience.

We reproduce a photograph of Miss H. C. Gore, better known as Sister Patience, who left the Hospital last month for Northfleet. She was the last of the Sisters under the old régime, and all Guy's men of the last twenty-five years will remember her. She came to Guy's twenty-five years ago, like all the Sisters in those days, untrained, and served for a short space of time in Clinical, Accident, Cornelius and Mary wards. She was then transferred to Patience in the old days when Patience and Samaritan used to run right round the whole building, including the present nurses' dormitories. But in 1880 the Hospital was obliged to close one hundred beds, and Patience and Samaritan were cut down to twenty-four beds, which were largely filled with "Lock" cases, Sister Patience being in charge of both wards. In 1888 a further change was made, the combined beds of the two wards making henceforth their present number of twelve only, over which Sister Patience has remained in charge, as every man who has served as Assistant-Surgeon's Dresser knows. The history is interesting, and we should be glad of any contributions on the subject that may suggest themselves to our readers. Our best wishes will certainly go with Miss Gore in her new work, together with our sympathies in the wrench of separation between two such old friends as Sister Patience and Guy's.

The Clinical Research Association.

We have received the first annual report of the above Association and have studied it with much interest. Most of our readers will know that the Association was founded in September, 1894, under the patronage of most of the leading physicians, for the purpose of providing for medical practitioners the advantages of accurate laboratory reports on the material that comes into their hands in practice, with a view to assisting them in diagnosis. The list of patrons comprises fifteen names, including those of Dr. Wilks and Dr. Goodhart, while two of the three directors of the laboratory, Messrs. Targett and Hopkins, are Guy's men, and Mr. Wells is their secretary. Over two thousand medical men are members of the Clinical Research Association—a title which would seem to betray an air of professional respectability in the holder, but in reality betrays only the payment of a guinea fee, the reception of a box of bottles and postal packages, and the right of returning the same with sputum, urine or growths enclosed for examination at a reduced fee. Any other medical man may also have material examined and will receive a report on it at the higher rate of charges. Frequently, of course, the sender will be able to exact an extra fee for the purpose from the patient; but a low charge has been fixed so as to render examination financially possible even when this is not the case.

The value of this to the general practitioner must be very great indeed. Whenever in doubt, he can have no excuse for not getting absolute scientific verification from the Association, which will frequently at the same time save him the trouble and his patient the expense of a consultation visit. To the thoughtful and energetic practitioner, then, the membership of this association will be most useful. The only drawback is that to the less thoughtful or less energetic there will be the very serious temptation to abandon on their own part, wherever possible, the examination of the specimen, and to send the material up to No. 1, Southwark Street, S.E., the offices of the Association. The effect will be in a line with the whole tendency of modern life, to separate the sheep from the goats, the specialist from the man of general and diffuse information.

If, however, we seem to a certain extent to deprecate the effects of this work upon the rank and file of the profession, so assuredly, on the other hand, do we look forward expectantly to the most valuable results which should accrue by this means to the science of pathology. Here we have, as nowhere else, an opportunity of a thorough examination by fully trained observers, to take the present report, of 1262 specimens of abnormal urine, 984 specimens of diseased tissues requiring histological examination, of 1724 specimens of sputum, and numerous other material. An interesting report is given by each department in turn, not only of the actual facts determined, but of the observations which they have made on the total number of specimens of a certain kind of material under certain morbid conditions. Thus, we read "It was *a priori* criticism that certifying might separate casts even from normal urines, but our experience has entirely negatived this suggestion. In a very few urines, not amounting to 1 per cent. of those which contained casts, these structures were found in the absence of albumen. Even in such cases, enquiry has shown that a diagnosis of renal mischief has been almost always justified. Apparently . . . . . tube casts of whatever form (hyaline or other) are always of significance." Urinary leucocytosis, again, is found almost invariably to indicate the beginning of renal troubles. Of the thirty bacteriological cases in which cultivation failed, curiously enough only two had been inoculated on the spot and the remainder in the laboratory; the reason probably being that the germs in the twenty-eight cases had been exterminated by alcohol or some antiseptic body in the bottle in which they had been carelessly packed.

The influenza bacillus was twice found, and the pneumococcus four times. Of the histologists, however, we should like to ask why a delay of six or eight days should be caused over specimens requiring embedding before section, for which two days should be amply sufficient.

Directions are given as to the preservation and forwarding of material; and appended is a complete list of members. We hope that the work of the Association will continue to be conducted as well as it has hitherto, and that our worst fears as to its effect on the profession will not be verified. We would undoubtedly advise all practitioners to use the Association, but to take care not to allow it to interfere with their own habitual and personal examination of material.

Case of Anthrax: Double Inoculation.

J. H., æt. 18. Patient is employed at Bevington's tan-yard, his duties being to treat goat-skins imported from Russia and Germany.

On April 23rd, he noticed a small, red, itching pimple on his right cheek, but continued in his usual health until April 25th, when he began to feel too unwell to continue his work. Next day he had slight vomiting, and on the 27th he came up to the front surgery, where he was seen to have a typical anthrax "pustule" on his right cheek, and was admitted into Job ward.

Temperature 101·2°; no enlarged glands, and very little œdema of face.

The "pustule" consisted of a central black eschar, surrounded by a single annular vesicle on a red infiltrated base, the whole being about three-quarters of an inch in diameter.

Anthrax bacilli were demonstrated in the serum of the vesicle, and the pustule was freely excised by rubbing in sterilized sulphur, and dressed with sterilized gauze.

After treatment.—Pulv. Ipecac. (sine emetine) gr. x., 4tis horis.

On 29th, his highest temperature was 99·6°, and on 30th it rose to 103·4°, when it was found that there was very marked œdema of the face, especially on the right

side, and that a small pimple which had been previously noticed on the left side of the face and thought to be innocent, had developed into an anthrax "pustule." This was excised, the original wound scraped, and sterilized sulphur rubbed into both, as before. The sulphur had a marked caustic action; it was removed the next day from the wounds, and boracic fomentations were ordered.

On May 2nd, patient's highest temperature was 102·2°, and on the 4th it was normal, since when he has made an uninterrupted recovery. C. R. H.

N.B.—We are requested to note that in the case of a boy and girl infected from a moustache of goat's hair, which was described in our issue of April 25th, the age of the little girl should have been given as 4, and not 14.—ED.

Nursing News.

ON the 25th of March last Miss Gore (Sister Patience) was awarded a pension of £36 per annum by the Governors of the Hospital, on her retirement from the arduous duties of Ward Sister, which she had performed faithfully for over 25 years. A fuller account of her career appears in another part of the GAZETTE.

Miss Stowell has been appointed Sister in Patience Ward and has now been for some time at her new post.

On May 13th, Miss M. Rose (Sister Lydia) vacated her post as Ward Sister, as she is seeking an appointment elsewhere. Miss Rose has worked at Guy's for three years, and carries our good wishes with her for success in her future career.

Miss Mabel Hobhouse has been appointed Sister of Lydia Ward, and commenced her duties on May 14th.

The last meeting for the season of the "Guy's Nurses' Choral Society," was held at 10, St. Thomas's Street (by the kind invitation of Mrs. Shaw), on Friday, May 15th. The conductor, Mr. Henry Taylor, made a short speech complimenting the Society on the progress it had made. The Society has had a most promising commencement to its career, and we may look forward to many more winter seasons enlivened by its social gatherings at the Home on Friday evenings. Much of the success is due to our excellent conductor, whose energetic and encouraging ways have helped us to emulate him, and whose skill in imparting much valuable instruction in a very limited space of time could not be surpassed. Our best thanks are due to him for the trouble he has taken throughout the season, and for all the interest he has shown in the welfare of the Society. The winding up of the accounts for the year has also been satisfactory, and the Treasurer was able, after paying all other expenses, to present a modest honorarium to the conductor.

A preliminary meeting of the "Guy's Nurses' Tennis Club" was held at the beginning of the month, and practice has commenced on the courts at Honor Oak Park. The Nurses and Probationers are reminded that it is full time to enter their names as members, and that regular practice should begin at once to ensure good play.

Our very grateful thanks are due to the Council of the "Clubs' Union" for the kind permission they have again given for the use of the tennis courts at Honor Oak Park three mornings every week.

An Evening at the "Star."

ON the evening of Wednesday, May 13th, which (by the generosity of Mr. Hart) was set aside for the benefit of the Hospital, we in due course arrived at the "Star," and were at once pleased and surprised to find such a large and representative gathering, including many Guy's men amongst its numbers. Although we so well knew how noted Mr. Hart is for the able manner in which he caters for the patrons of the "Star," we must frankly admit that we were quite unprepared for the variety and talent which were thrust before our eyes with amazing rapidity. It would be impossible here to describe in detail the numerous "turns," but apart from consideration of space, where all were so excellent, distinction would be invidious. Turn succeeded turn in endless variety, the efforts of the individual performers being greatly enhanced by the careful arrangement of the chairman, Mr. Rodney Palgrave. At the close of the evening's enjoyment, which was not reached till well nigh 11.30 p.m., we heard it expressed on all sides that "a special night at the 'Star'" would take a lot of beating, and few will contradict the statement.

D.

Sport.

Cricket.

GUY'S v. SURBITON.

Played on Saturday, May 9th. Surbiton won the toss, and of course took first innings on a dry, hard wicket. Clarke started by bowling four "yorkers" in his first over, the last one knocking Castle's middle stump out of the ground. Worsley then helped Trouncer to put on 100 runs before lunch, but the batting was not very brisk, as our bowlers were keeping a good length. After luncheon, Trouncer was missed twice in one over, but soon after Worsley had been bowled he completed his century, and after making 112 he was well taken by Goddard. It was a beautiful innings, his cutting being very fine. None of the other wickets gave much trouble, and the innings closed for 237. Clarke bowled very well, taking six wickets for 68 runs.

Clarke and Cohen started well for Guy's, making 43 in quick time, but a collapse followed, three wickets falling at the same total. Nicholls and Wetherell were in some time, the scoring being very slow till 76 was reached, when Wetherell was out for a careful 17. No one seemed able to stop till Goddard joined Barker, who was playing very steadily. These two added 50 runs before Goddard was out to a vigorous 29—a very useful innings. The end came just five minutes before time, Barker carrying his bat out for a very good innings of 34. We were thus beaten by 74 runs. Scores:—

SURBITON.

C. A. Trouncer, c Goddard, b Nicholls	112
P. Castle, b Clarke	0
C. B. Worsley, b Clarke	43
G. Brann, lbw, b Clarke	0
A. P. Sewell, b Goddard	11
W. B. Windeler, b Goddard	30
W. F. Forsyth, c Clarke, b Goddard	4
H. H. Forsyth, lbw, b Clarke	3
Rev. C. R. Bailley, b Clarke	2
Rev. A. E. Beaver, not out	14
G. Pinkerton, b Clarke	11
Extras	7
Total	237

GUY'S.

A. E. Clarke, c Sewell, b Bailley	26
E. Cohen, b Bailley	13
K. B. Alexander, c Sewell, b Worsley	0
F. T. Nicholls, c Castle, b Bailley	9
F. C. Wetherell, b Bailley	17
E. P. Uttley, b Worsley	1
M. S. Barker, not out	34
L. Humphry, c Castle, b Worsley	8
E. G. Goddard, lbw, b Brann	29
F. R. Fetherstone, b Sewell	9
L. Pern, b Worsley	3
Extras	14
Total	163

GUY'S v. HORNSEY.

Played at Hornsey on Wednesday, May 13th. Nicholls again lost the toss, and Hornsey started batting to the bowling of Clarke and Goddard. The first few wickets were quickly got rid of, five wickets falling for 38, but Bryer then came in and started batting. He might have been caught near the boundary in the first over; however, just before lunch, he was caught out for a useful, though decidedly lucky, 38. At lunch, the score was 103 for seven wickets. The last few wickets gave a lot of trouble after lunch, owing chiefly to bad fielding, and they were not disposed of till the score was 181. Goddard came out best in the bowling average, being four wickets for 55, Clarke's three costing 72 runs.

Guy's started very badly, losing the first four wickets for only 23 runs. Nicholls and Trubshaw were the first to make any opposition to the bowling. Nicholls, after he had played himself in, batted very freely and did most of the scoring, and with Humphry, added 73 runs, the score reading 161 for seven wickets. The next two wickets fell quickly, and when Walker came in there were still 9 runs to win. These two, however, quickly won the game for us. Walker batted well in spite of a bad thumb, and stayed in while Nicholls completed his century. His innings was a very fine performance, and he gave no chance till after the game was won; his freely hit innings included seventeen fours. We were very hospitably entertained afterwards by our captain, and we have to thank him for a very jolly evening. We won then by 59 runs. Scores:—

HORNSEY.

	1st Innings.	2nd Innings.	
R. W. Nicholls, b Goddard	15	not out	1
R. T. Hutchinson, b Clarke	8	b Cohen	42
G. H. Swinstead, b Clarke	0		
W. T. Brewer, b Goddard	8	lbw Cohen	2
E. F. Cox, c & b Nicholls	11		
F. H. Swinstead, c & b Goddard	2		
C. Bryer, c Humphry, b Clarke	38	b Cohen	0
T. A. Nicholls, c Wetherell, b Goddard	39		
W. H. Davis, c Clarke, b Nicholls	30		
E. F. Nicholls, not out	10	run out	5
G. Hart, run out	4	b Cohen	0
Extras	16		
Total	181	(5 wkts)	51

GUY'S.

A. E. Clarke, c Brewer, b G. H. Swinstead	16
E. Cohen, b F. H. Swinstead	3
K. B. Alexander, b F. H. Swinstead	0
F. C. Wetherell, run out	3
F. J. Nicholls, not out	105
R. V. Trubshaw, c Cox, b Brewer	23
F. W. Sime, b Davis	11
L. Humphry, run out	44
E. G. Goddard, b F. H. Swinstead	2
H. B. Onräet, b F. H. Swinstead	0
F. E. Walker, b Brewer	30
Extras	3
Total	240

GUY'S v. CRYSTAL PALACE.

Played at Crystal Palace, Saturday, May 16th. Guy's won the toss and started batting on a very good wicket. Clarke and Alexander soon got to work, and runs came fairly quickly; however, when the score was 78 Alexander was caught at the wicket for a very good 33. Unfortunately for us this excellent start was not maintained, three wickets fell for the same total, and Clarke after batting very well for 35 was bowled by a full toss. The batting after that was too feeble to need description, and we were all out for the poor total of 146.

The Crystal Palace started badly, losing two wickets for 11 runs, but Capt. Fleming and Mitchell brought about a complete change over the game, and practically won the game for the Palace, as it was not till 100 was on the board that Fleming was smartly caught at point by Barker, for a freely hit innings of 53. The score was quickly taken to 128, when Goddard bowled Mitchell, who had batted very prettily, for 62. The next ball was fatal to Dillon, while with the first ball of his next over Goddard clean bowled Noakes, thus getting three wickets in four balls. The score was then 134 for six wickets. The runs were quickly knocked off, but no one stayed long, and the innings closed for 184. In the second innings

Trubshaw and Cohen both batted well and scored 68 without loss. Goddard bowled very well, taking five wickets for 69 runs. We were thus beaten by 38 runs.

Scores:—

GUY'S HOSPITAL.	1st Inning.	2nd Innings.
A. E. Clarke, b Noakes	35	
K. B. Alexander, c J. C. Umney, b Capes	33	
E. Cohen, b Capes	0	not out 17
F. C. Wetherell, b W. F. Umney	9	
F. J. Nicholls, c W. F. Umney, b Noakes	0	
M. S. Barber, b W. F. Umney	11	
K. V. Trubshaw, b W. F. Umney	9	not out 51
L. Humphry, lbw W. F. Umney	22	
F. W. Sime, b W. F. Umney	9	
E. G. Goddard, b W. F. Umney	0	
L. Pern, not out	3	
Extras	15	
Total	146	68

CRYSTAL PALACE.	
A. W. Woolloton, lbw Clarke	2
J. Dives, b Clarke	1
Capt. Fleming, c Barker, b Nicholls	53
C. Mitchell, b Goddard	62
E. H. Sulham, b Goddard	36
R. H. Dillon, b Goddard	0
T. Noakes, b Goddard	1
H. W. Colgrave, b Wetherall	8
W. F. Umney, lbw Goddard	12
W. Capes, b Nicholls	1
T. C. Umney, not out	4
Extras	4
Total	184

GUY'S 2ND XI. v. CROYDON 2ND XI.

Played at Honor Oak Park on Saturday, May 9th, and resulted in a win for the visitors by 31 runs:—

GUY'S.	
K. V. Trubshaw, b Neech	10
J. T. De Coteau, b Neech	0
P. D. Hunter, b Balch	8
F. E. Walker, b Neech	15
A. E. Cawston, b Neech	19
T. Morgan, b Neech	2
F. W. Sime, b Balch	3
A. C. H. Grey, b Balch	1
H. Durbridge, b Faux	29
H. A. Butler, c Wicks, b Dradge	16
M. Thornley, not out	1
Extras	14
Total	118

CROYDON.	
A. E. Drage, b Cawston	15
G. F. Long, b Cawston	4
C. P. Wicks, c Morgan, b Hunter	1
R. J. Smith, b Cawston	11
R. Briscoe, c Walker, b Hunter	26
R. Archer, c Sime, b Walker	2
J. C. Neech, b Cawston	33
F. C. Faux, lbw Cawston	22
E. H. Batch, b Hunter	2
A. Bush, not out	5
S. Patey, c Morgan, b Hunter	6
Extras	22
Total	149

GUY'S 2ND v. DULWICH COLLEGE 2ND.

Played at Dulwich on Wednesday, May 13th, and resulted in a victory for us by 86 runs, Butler, one of our new men, taking four wickets in four balls.

DULWICH COLLEGE.	
E. Douglas, b Hunter	15
A. C. Godfrey, c and b Butler	11
P. Carmichael, c Durbridge, b Cawston	10
W. A. Everett, b Palmer	19
M. Speechly, lbw Hunter	13
A. Brenes, not out	8
F. C. Browne, c Cawston, b Hunter	4
P. Woodhouse, b Butler	5
A. F. Froughton, b Butler	0
H. Dolbry, b Butler	0
P. Bell, b Butler	0
Extras	15
Total	100

GUY'S.	
F. R. Featherstone, b Bell	8
A. E. Cawston, b Bell	0
T. Morgan, c Everett b Bell	39
J. T. De Coteau, st Godfrey, b Woodhouse	3
P. D. Hunter, b Browne	20
W. G. Palmer, c Everett b Browne	49
H. A. Gaitskill, c Godfrey, b Browne	16
H. Durbridge, b Bell	24
H. A. Butler, run out	3
F. C. Robinson, b Bell	8
R. M. Barron, not out	2
Extras	14
Total	186

GUY'S 2ND XI. v. WHITGIFT WANDERERS 2ND XI.

This match was played at Honor Oak Park on Saturday, May 16th, and ended in an easy victory for Guy's. We won the toss and batted first. Cawston was top scorer with a finely played 79. We declared our innings closed when the score was 176 for five wickets. We then speedily got rid of our opponents for the small total of 50, the bowling honours being shared by Palmer (six for 21), and Hunter (four for 15). The bowling was backed up by very smart fielding on the part of every member of the team, brilliant catches being made by Palmer, Beavis and Hunter. The following are the scores:—

GUY'S.	
A. E. Cawston, run out	79
F. R. Featherstone, b McCullock	7
H. A. Gaitskill, c H. O. Green, b McCullock	1
E. T. Shorland, b H. O. Green	4
P. D. Hunter, b J. B. Thwaites	27
T. Morgan, not out	36
W. G. Palmer, not out	9
Extras	13
Total	176

Messrs. H. H. Butler, F. C. Robinson, J. Beavis, J. T. De Coteau, T. M. Walker, did not bat.

WHITGIFT WANDERERS.

E. R. B. Jensen, c Cawston, b Hunter	15
C. S. Jupp, b Palmer	0
H. Docking, b Hunter	1
H. V. Green, c & b Palmer	0
H. Storold, c Beavis, b Palmer	0
C. M. Goodbody, not out	10
R. S. McCullock, b Palmer	1
J. B. Thwaites, c Beavis, b Hunter	6
H. O. Green, b Hunter	0
H. Brodie, b Palmer	4
A. Green, c Hunter, b Palmer	0
Extras	13
Total	50

[No reports received from the Lawn Tennis Club —ED.]

Guy's Hospital Swimming Club.

WATER POLO.—TRIAL MATCH.

On May 7th, at the St. Saviour's Baths, the above water polo match was played, resulting in a win for C. B. Sells' team by 3 goals to 1.

The play was generally of a scrambling order, Evans, Hardy and Gibson showing up well for the winners, whilst Jackson and Powell displayed best form for the losers. More practice must be indulged in, both in throwing the ball and swimming.

GUY'S v. GRAFTON S.C.

This match, the first of the season, was played at the St. Saviour's Baths, on Friday, May 15th, and resulted in an easy win for Guy's by 10 goals to 1. We were without our goal-keeper, Simpson having injured his knee the day before, and in his absence a substitute in Henry was found at the last moment. Our goals were shot by Wood (4), Marshall (4), Styer (1), and MacLachlan (1). Team:—

GUY'S.—B. F. Henry (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); A. Styer (captain); W. R. Wood (centre), and A. R. MacLachlan (forwards).

GUY'S 2ND v. GRAFTON 2ND.

Played the same evening, and resulted in a substantial win for Guy's by 5 goals to nil. The team showed good form all round, and great credit is due to them, as they have had so little practice for this the first match since the Second Seven has been started. Our goals were shot by C. B. Sells (3), C. E. Brown (2). Team:—

GUY'S 2ND.—D. G. Greenfield (goal); C. Watson and E. J. F. Hardenberg (backs); C. B. Sells (captain) (half-back); C. E. Brown, F. H. Hardy (centre), and —. Evans (forwards).

GUY'S v. OLD ASKEANS S.C.

This match was played at the St. Saviour's Baths on Tuesday, May 19th, and resulted in another easy victory for Guy's by six goals to nil. This score would have been greatly increased if it had not been for the fine play of our opponents' goal-keeper. Our goals were scored by A. Styer (3), Payne (2), MacLachlan (1). Team:—

GUY'S.—G. Simpson (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); C. B. Sells, A. Styer (centre), and A. R. MacLachlan (forwards).

Guy's Hospital Rifle Association.

GUY'S v. BART.'S.

This match, which was shot off on May 19th at Ilford, resulted in a win for Guy's by the narrow margin of 11 points. The shooting on the whole was very consistent, especially as the light and wind were difficult. The honours of the day for Guy's fell to B. W. Moss, who has been shooting in very good form this season, while Pearson was a good second. For Bart.'s, Gask made a first-class shoot, only dropping one point off a possible at 500 yards.

GUY'S.

	200 yds.	500 yds.	Total.
Moss, B. W.	29	28	57
Ellis, G. G.	25	24	49
Bell, A. H.	25	28	53
Telling, W. H. M.	22	17	39
Pearson, A.	29	26	55
Hodgson, S.	21	21	42
			295

BART.'S.

Baiss, L. A.	15	12	27
Holmes, B. W.	27	29	56
Gask, G.	29	34	63
Taylor, E. P.	26	19	45
Brown, F. C.	25	26	51
Henshaw, H. W.	20	22	42
			284

Guy's Hospital Bicycle Club.

The following runs have been arranged for this season:—

Date.	Destination.	Meet.
May 2	Epsom	"Plough," Clapham.
„ 9	Brighton (U.H.C.A.)	"Greyhound," Streatham.
„ 10		
„ 11		
„ 16	Godstone	Brixton Church.
„ 23	Ripley	"Plough," Clapham.
„ 30	Horley	Brixton Church.
June 6	Sevenoaks	"Marquis of Granby."
„ 10	Waltham Cross (U.H.C.A.)	"Cock," Highgate.
„ 13	Chertsey	Hyde Park Corner.
„ 20	Windsor	Hyde Park Corner.
„ 27	Dorking	"Plough," Clapham.
July 4	Merstham	Brixton Church.
„ 8	Inter-Hospital Races	...
„ 11	Reigate	"Plough," Clapham.
„ 18	Virginia Water	Hyde Park Corner.
„ 22	Rickmansworth (U.H.C.A.)	Marble Arch.
Oct. 4	Digswell (U.H.C.A.)	"Cock," Highgate.

Pass List.

University of Cambridge, April, 1896.

THIRD EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES.

PART I.

Beddard, A. P.
Gardiner, J. N.
Muriel, G. B.
Pearse, A. S. J.

PART II.

Garner, W. L.
Lowe, P. R.
Maxwell, E. J.
Tyson, W.

EXAMINATION IN SANITARY SCIENCE.

PARTS I. & II.

Beach, H. W.
Sharp, A. J.

University of Durham, April, 1896.

EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

SECOND CLASS HONOURS.

Poole, T. B.
Rowland, F. W.

PASS LIST.

Meyrick-Jones, H. M.

EXAMINATION FOR THE DEGREE OF BACHELOR IN SURGERY.

Meyrick-Jones, H. M.
Poole, T. B.
Rowland, F. W.

Royal College of Surgeons of England, May, 1896.

(Unofficial List).

PRIMARY FELLOWSHIP EXAMINATION.

Berry, T. P.
Duffett, H. A.
Godson, A. H.
Hewlett, C. W.
McGavin, L. H.
Pendred, V.
Ruzzak, S. A.
Steward, F. J.
Taylor, E. C.
Telling, W. H. M.
Vellacott, P. N.
Walker, F. E.
Wilkin, L.

EXAMINATION FOR THE LICENSE IN DENTAL SURGERY.

(Unofficial List).

Ashby, E.
Bascombe, E. D.
Bidlake, L.
Briant, W. W.
Coltman, E.
Cowles, H. C.
Crapper, H. S.
Crosby, A. E. B.
De Mierre, A.
Dupigny, J. E.
Edey, R. G.
Harris, H. O. W.
Heesom, E. E. D.
Hinchliff, C. J.
Howe, A. F. A.
Lacey, W. J. M.
Oliver, N. H.
Plumley, A. G. G.
Read, A.
Snell, N.
Stevens, R. H.
Ta'Bois, L.
Tasker, B. G.
Tebbitt, E. R.

Hospital Appointments.

JUNE, 1896.

Clerks to the Anæsthetists.—Messrs. C. G. Burton, F. J. H. Cann, C. Coventry, R. E. Delbruck, W. W. Farnfield, E. J. Maxwell.

Externs.—Messrs. E. F. Clowes, Edward Evans, S. H. Longhurst, E. H. Pomeroy, C. C. Poole, R. J. Rowland.

Dental Appointments.

JUNE, 1896.

Dressers in the Gas Room.—Messrs. A. Cooper, E. B. Dowsett, S. J. Evans, D. G. Worts.

Dressers in the Ordinary Extraction Room.—Messrs. G. O. Betts, H. A. E. Canning, J. M. P. Crombie, C. Lee, E. Stringfellow, W. Wilmore.

Appointments.

CIVIL.

BOND, C.S., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., Lond., has been appointed Assistant Medical Officer for the Infirmary, Parish of St. Luke, Chelsea.

COUCH, J. Q., M.R.C.S., has been re-appointed Medical Officer of Health for the Madron and Ludgvan Urban Sanitary Districts.

LARKING, A. E., M.D. Durh., M.R.C.S., has been appointed Medical Officer of Health for the Chesham Urban Sanitary District, *vice* J. F. Churchill, resigned.

MARSHALL, W. L. W., M.R.C.S. Eng., etc., has been appointed Honorary Surgeon to the Huddersfield Infirmary.

NAVAL AND MILITARY.

RANDALL, Surgeon, P.N., M.B., R.N., has been appointed to the *Victory*, additional, for the *Duke of Wellington*.

STATHAM, Surgeon-Lieut., C.B., A.M.S., has been posted to Edinburgh.

Birth.

SHADWELL.—On May 11th, at Lynhurst, Walthamstow, the wife of St. Clair B. Shadwell, M.D. St. And., of a daughter.

Marriage.

THORNE—HOMFRAY.—On May 7th, at West Retford Church, Notts, by the Rev. T. C. B. Chamberlain, Rector of Wheatley, assisted by the Rev. Edwin H. Burtt, John Mills, the third son of John Mills Thorne, of Burntwood Lodge, Wandsworth Common, Surrey, to Lillie, eldest daughter of the Rev. Watkin Homfray, rector of West Retford.

Deaths.

STATTER.—On May 9th, at Snapethorpe Hall, near Wakefield, William Statter, J.P., F.R.C.S., in his 90th year.

STUART.—On May 11th, after a long and painful illness, Surgeon-Major Ogilvy Stuart, F.R.C.S., Army Medical Staff, the dearly loved eldest son of the late Dr. H. W. Stuart, of Woolwich, and of Mrs. Stuart, of Eastbourne.

[ED.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

JUNE 6, 1896.

The Proposed Central Board for Hospitals.

A PROPOSAL has recently emanated from the Charity Organization Society for the establishment of a central board for the metropolitan hospitals. This is no new proposal; for the third report of the Select Committee of the House of Lords, published in 1892, came to the conclusion that such a board was eminently needed, and drafted a scheme of its constitution and functions. The primary object of founding such a board is identical with that of the Charity Organization Society, namely, the economising of public charity. This it would effect under two headings; in the first place, its duty would be to aid the public in forming an opinion as to the institutions most worthy of relief, and to guide the inflow of money in the right direction; in the second, to endeavour to secure a proper administration of that money by the institutions to which it was given, and by thoughtful co-operation to make sure the maximum benefit obtainable in return for the sums expended.

The first object, that of putting before the public reliable information as to the respective needs of different hospitals, is one that is worthy of the highest praise. Not only is the danger thereby avoided of encouraging unworthiness and pauperising poverty where it is intended to give relief, but with it the alternative error, of which the Charity Organization Society is frequently accused, of crushing the true spirit of charity and converting the habit of sympathetic aid into an iron system of irresponsible subscription. The public is still left to interest itself in the respective institutions which it may wish to support, and the board only supplies the enquiring mind with the needful information that the public is getting its money's worth.

Such, for instance, would be of great value in the question of small special hospitals. Many members of our profession will say that such hospitals are not required; and it is certain that not a few of them have been initiated by medical men for their own private ends. With these establishments, it is impossible for the ordinary man to investigate their needs and methods of administration; but with a central board he might be sure of the knowledge and advice of those most experienced in hospital management. Such a notorious scandal as the Jubilee Hospital would thus never have been originated; while an object so worthy of support as the present scheme for re-endowing our own hospital would, if found to be really desirable, be established upon an incontrovertible basis. The second object, that of assisting in the co-operation and communication between hospitals, and in their general economy and management, is equally worthy in theory, but in practice is more difficult of attainment. There is, in the first place, the discovery in our own case, that by the payment of threepence for medicine, £807 could be raised in 1892 in the out-patient department. Such information, it is supposed, could be more readily transferred to other hospitals through a defined central authority than by the vague medium of medical literature and casual correspondence. It is hoped again, that it would thus be easier to institute a comparison between the hours of

work, and the duties of nurses and other officials in the different hospitals, and so to do away with petty injustices. It might be possible, so think the proposers of the scheme, to arrange a definite system of preventing out-patient abuse—the abuse of the department by those able to pay, and yet not requiring any very special treatment. It would, finally, be hoped that some definite idea might be arrived at, as to the actual position of the hospitals in relation to the profession in general, and the public at large. This relation has been considerably disturbed by the institution of poor-law infirmaries, and a re-adjustment of the prevalent chaos of ideas on the subject is urgently called for. At the same time it might be possible by the same means to arrange for an interchange of privileges between the different medical schools.

That such objects are most desirable can hardly be doubted. That some definite endeavour to attain them is imperative, can also hardly less be refuted. Government interference is looming in the distance, and if that is to be averted—as our profession will desire with almost one consent—if the voluntary system is to be maintained in which we so intensely believe, prompt action must be taken. The Progressives of the London County Council have already moved a resolution concerning the desirableness of contributions from the rates, and corresponding control; and the Lords' Committee say they "cannot shut their eyes to the possibility, that if some such organization as they have recommended be not adopted, a time may come when it will be necessary for hospitals to have recourse either to Government aid or municipal subvention." It will, probably, then be conceded that, these things being true, there is distinct room for utility in the formation of a central board for the London hospitals. Such was prescribed by the Royal Commission, and many leading public men, with Lord Sandhurst at their head, endeavoured to secure such a board, but through dissension their efforts came to nothing, as nothing further occurred. Two definite proposals were accordingly made by the Charity Organization Society and by Mr. Sydney Holland earlier in this year. Mr. Holland, whose name is so closely associated with the Poplar Hospital, is not in favour of this power being handed over for the mismanagement of the County Council, as he expresses it, but proposes that a distribution committee be composed of five laymen, five hospital experts, four medical, and one nursing representative, to be chosen by the Council of the Hospital Sunday Fund, whose numbers should be reinforced by more representatives of hospitals, and of the medical and nursing professions. Such was the gist of a most interesting and amusing paper read before the Hospital Association on April 23rd, 1896. The alternative scheme of the Charity Organization Society is for the formation of a new board composed as follows:—

	Representatives.
a. Twelve general hospitals with medical schools. Two representatives from each	48
b. Three hospitals with more than two hundred beds, but without a medical school. Two representatives from each	6
c. Forty-nine hospitals having less than two hundred and more than twenty-five beds, with no medical school attached	49
d. Twenty-seven charitable or provident dispensaries	27
e. Two representatives from the Metropolitan Provident Medical Association ..	2
f. The Royal Colleges, and Society of Apothecaries	3
g. Five representative general practitioners, elected by the British Medical Association	5
h. London Hospital Sunday Fund (3), Charity Organization Society (3), London Hospital Saturday Fund (2)	8
i. All members of the Central Governing Body of the City Parochial Foundation, a monied body, on which the County Council is represented	21
Total	169

The chief disadvantage of Mr. Holland's scheme is the investment of its authority in the council of the Hospital Sunday Fund. This contains 100 clergy out of 150 members, and although that by itself were no disqualification, the clergy, as a rule, have not sufficient time to enquire thoroughly into the matter, and the result is, that from characteristic short-sighted charity, many hospitals have been supported regardless of their merits, and but little attempt has been made at advancing methods of hospital management. The more cosmopolitan, alternative board is far more valuable. Its size does not strike us as a difficulty, since its work would be done by sub-committees. But the difficulty would be in inducing suitable representatives of hospitals to attend. In the initial stage few will realise the need of such an institution, and, without realising that need, few medical men

will spare the time to serve on the board; and without them its investigations must be absolutely valueless. But if the board were to start work in real earnest it would be more likely to convince medical men of its value than by mere abstract discussion.

The primary question however depends upon the power of the board. If the board is only an advisory board, whose advice is not accepted, it can be of no earthly use, and can serve only to waste the valuable time of those extremely able and conscientious men, on whom the working of the scheme will depend. Both Mr. Holland and the Charity Organization Society fully recognise this fact; and accordingly the latter proposes that the central board should undertake the reception and disposal of funds especially given to it. This idea is severely attacked by Mr. Holland, and we are inclined to agree with him. Two funds are already engaged in this work. If the board does its duty, and informs the public of the relative value of hospital investments, common opinion should contrive that those two funds should rightly dispose of their moneys; if the funds are found to administer unsatisfactorily, the public will have learnt how to dispose of the money directly, and the expense and irritation of a third collecting and distributing board will have been avoided. Mr. Holland, however, proposes that such a board should control the purse-strings, by being composed of the council of one of the funds, and this, again, for reasons already given, we do not consider the road to success.

The natural course to be taken appears to be that the leaders in the movement should consult with the councils of the two funds and secure their voluntary co-operation in starting the board. The board must then be content to work quietly, thoroughly, and without any visible fruits of its labour for some space of time, whereby it will prove the sincerity of its work, and the value of the results ascertained. For this purpose a special appeal should be made for the working expenses, and the working expenses only, of the board, and this should, without difficulty, be forthcoming from private individuals, if the Hospitals Saturday and Sunday Funds did not feel justified in providing the money directly. In conclusion, we must say that we are convinced of the ultimate value of the work which such a central bureau might do, if wisely and satisfactorily managed, and if any such method be adopted as has been suggested, we will accord it our most cordial goodwill and wish it every success.

Fractures of the Leg and of the Patella.

CLINICAL LECTURE BY MR. GOLDING-BIRD.

I PROPOSE to-day discussing with you points of difficulty arising in the treatment of fractures of the leg: especially those that concern the "setting" of the bone, and the retention of it in a proper position for repair.

I may at once dismiss ordinary transverse fractures of the tibia or fibula, or both together, as the remarks I will offer on oblique fracture of the tibia will be easily applied to the more simple transverse fracture; but I may point out this great clinical difference between the two fractures, viz., that the ends of the bones if broken transversely are not at all likely to slip when once butted against each other, and so the first adaptation of the fracture is the main care of the surgeon; but an oblique* fracture, when adapted, will not remain so without special provision being made, since such a fracture is really two inclined planes sliding one on the other on the slightest amount of force being applied to the lower fragment. This force—which we shall see is always a muscular one—must be either annulled or counteracted. Hence, as every dresser knows, it suffices to put up a transverse fracture in some fixed apparatus, as a "Croft"; this form of splint or rigid bandage being, for reasons I gave in my lecture on fractured thigh, particularly suited to broken legs. I cannot, however, consider its use free from risk in very oblique fractures of the tibia, where much extending force has been applied to effect adaptation; for even supposing the adaptation at the moment to be quite perfect, it is clear that no bandage can be so skin-fitting as to prevent some over-lapping, even if slight, of the fractured ends; and whilst this may be so slight as not materially to affect the length of the leg, it may be quite enough to cause the more superficial fragment to be pressed against the plaster casing and to lead in a few days to an ulceration of the soft parts over it, and to exposure of the bone itself. When this is happening, we often do not know; no pain is necessarily complained of; and the finding of a sore on cutting up the bandage is the first announcement of what has happened.

It is no defence for the use of a fixed apparatus as a "Croft" in these cases, that if cut up early enough no harm can ensue; the answer is simple—that if it is cut up early it is almost useless in very oblique fractures; it no longer

* The usual form in the tibia is downwards, forwards, and inwards.

acts in the way it did when entire; it is now a mere trough; and whilst, by attention to posture, it still might be made efficient, observation in the wards has shown me that once in a "Croft" a man is considered safe to put his leg in whatever position he likes—a very serious mistake indeed in some instances.

To make the lines of treatment that I will lay down intelligible, I ask your consideration of the anatomical points illustrated by these four diagrams—premising, first of all, that you appreciate the fact that bone is an inert material; and that only by being acted on by some external force—generally muscular—can it, when broken, assume a vicious position, and its return to its natural shape is mainly due to your being able, as I have said before, to counteract this force. Yet difficulty in reduction is sometimes of a passive nature: as when a bone gets wedged: or impacted: or driven through a "button-hole" in the deep fascia or skin—each of which conditions will now and then (though rarely) defy manipulation and call for operative interference.

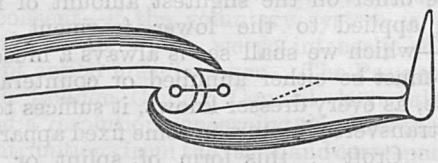

Fig 1.

Fig. 1 represents a leg lying flat, which, however, is *not* a position *in equilibrio*, as far as the tibia is concerned (which position we wish to arrive at): for the quadriceps, though neither extended nor flexed to its full, is certainly not relaxed, and is capable by its own inherent tension, let alone active contraction, of exerting an influence on the upper fragment. The calf muscles are absolutely stretched to their utmost, and exerting their full elastic force—apart from active contraction—upon the lower fragment, causing it to slide beneath the upper, and thereby shorten the leg, and at the same time push up the upper fragment to a dangerous degree against the skin.

This projection of the upper fragment, also spoken of as the "riding" of the upper over the lower fragment, and by Pott specially treated of under the name of the "rising end of a broken bone," is not such a negligeable quantity in oblique fractures as Pott would have it appear. He denies that there is such a thing: declaring the dangerous projection of the upper fragment to be solely due to the action of the calf muscles drawing upwards the lower fragment. I do not deny that this is the greater factor of the two, but I cannot have any doubt that the action of the quadriceps extensor has a marked influence in opposing adaptation, and especially in preventing its being maintained. The argument against such an action is that the leg being straight in the bed, the upper fragment cannot be more extended on the femur, but is practically a fixture. This, however, is not true. For when a leg is lying extended in the bed it is easy to show that by lifting the tibia it can be extended a very little more; or it can be done by the patient voluntarily throwing his quadriceps into action. Slight though the movement is, it is enough to seriously displace the pointed fragment; for if you try the experiment you will find—and calculation will confirm this—that considering the upper end of the broken tibia as a lever of the third order, the fulcrum being at the knee, an extension of the tuber tibiæ (where the power is applied) over barely one-sixteenth of an inch, will raise the lower end of this lever through nearly a quarter of an inch, supposing the fracture to be in the lower third of a man's leg. Clearly, therefore, you must consider the action of the thigh extensors as well as of the calf muscles in setting a broken leg; and such a position as that shown in Fig. 1 is a bad one—an unanatomical one—in which to expect to set an oblique fracture, or at least to keep it in good position. If for any other reason it is necessary that the leg must be kept thus straight out, tenotomy of the Tendo Achillis will overcome the antagonism of the calf muscles. It is a slight operation, and one I advocate under special circumstances, as for example where—whatever be the position of the limb—muscle reflex spasm prevents the maintenance of proper adaptation of the fragments.

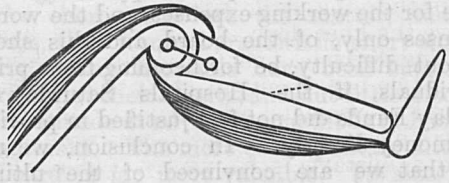

Fig 2.

Fig. 2 represents a position not unfrequently witnessed where a Salter's cradle is being used

by an inexperienced hand. The knee is flexed to relax the calf muscles, but the foot is swung too low, and the knee bent at too open an angle so as to cause the quadriceps to pull upon the upper fragment, whilst the calf relaxation is not enough to meet this by allowing of the bringing up the lower fragment to meet the upper, and so the upper fragment "rides." Anatomically this is a position of extended quadriceps and not sufficiently relaxed calf muscles. It is remedied often by other means than that of getting muscle equilibrium. Thus the upper fragment has a pad put upon it which is firmly strapped down to push the rebellious bone into place, with a not infrequent result of producing a pressure sore; or the Tendo Achillis is divided—a more rational proceeding than the former one—for the reasons already given.

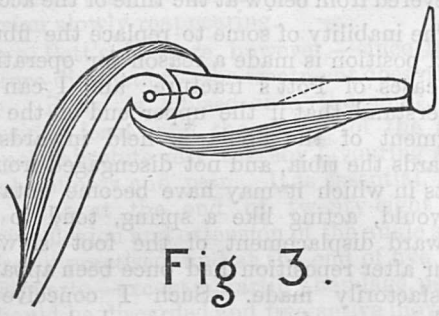

Fig 3.

Fig. 3 shows a rectification of the vicious position of Fig. 2, and the one that should be adopted when a Salter's cradle is employed. The thigh is flexed to nearly 90°, with the trunk thus relaxing the quadriceps extensor, and overcoming the extra tension put upon it by the decrease of the angle at the knee. The calf muscles are well relaxed by the knee being kept at a right angle as nearly as may be, the leg being swung in a horizontal position. If further the back splint does not extend above the knee-flexure, there is less chance of shifting of the fragments through the slight up and down movements made by the patient; all lateral movements being met by the freedom with which the leg hangs in the cradle. And here a mistake is frequently made. Often in the wards does one see a leg, otherwise properly suspended, lashed by side bands to the cradle, preventing both the lateral and rolling movements of the limb that should be permitted, and causing instead disturbance of the fracture every time the patient turns from side to side.

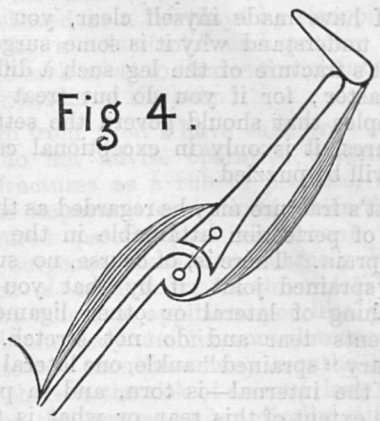

Fig 4.

Lastly, Fig. 4 shows the only position in which complete relaxation of the quadriceps can be obtained, *i.e.*, by flexion of the thigh on the trunk and full extension of the leg upon the thigh. Two disadvantages attend it: one, it is highly inconvenient: the other, the calf muscles are not relaxed. This latter can of course be overcome by division of the Tendo Achillis; but, as it is the custom now so largely to enclose the limb in some form of rigid bandage, it will be observed that the grip the plaster of Paris gets of the foot and of the bony points around the knee, mechanically prevents much undue approximation of the fragments, *i.e.*, drawing up of the under by the upper fragment. The straight position here shown is practically that always chosen by a dresser in putting on a Croft, with the knee extended, and most of our cases do well; but his work at the time would be easier, and the result probably better, if he would also ensure complete relaxation of the quadriceps. This cannot be by the position shown in the figure, the limb would be in too awkward a position for applying the plaster splint; but he can attain the same end either by the use of an anæsthetic, or simpler still, by making the patient sit bolt up in bed whilst the leg is being fixed up. Of course, some patients are not strong enough to permit this; but if it is possible in any case, at least any "rising" of the upper fragment will be at once prevented.

I have already given my reason for considering the plaster casing as at least risky in the early treatment of a very oblique fracture; but if it be employed, this risk will be minimised by keeping the leg strung up to a Hodgen pole, or by laying it on a well-inclined triangular pillow, so as to have the thigh as continually flexed upon the trunk as possible.

If I have made myself clear, you will now quite understand why it is some surgeons find a Pott's fracture of the leg such a difficult one to master; for if you do but treat it on the principles that should govern the setting of all fractures, it is only in exceptional cases that you will be puzzled.

Pott's fracture may be regarded as the highest point of perfection attainable in the evolution of a sprain. There is, of course, no such thing as a sprained joint, if by that you mean a stretching of lateral or other ligaments: for ligaments tear and do not stretch. In an ordinary "sprained" ankle, one lateral ligament —say the internal—is torn, and in proportion to the extent of this tear, or what is the same thing, the degree of force applied, will the foot be turned outwards, until such a pressure is reached of the astragalus against the fibula, that the latter snaps some four inches up (the interosseous ligament between the tibia and fibula acting as the fulcrum of the lever) and the upper end of the lower fragment is displaced inwards, and the malleolus, now free to move, is pushed further outwards by the astragalus till the sole of the foot looks outwards as the patient rests on the inner side of his foot. But, because you do not see all this when the patient is brought in, you must not hastily conclude it has not been a "Pott" or fracture-dislocation. Often the displacement is reduced by the mere manipulation of carrying the patient in, and then the case is often called a sprain. You may know it is more than this by three points, viz., intense pain at the tip of the inner malleolus; pain on pressure on the fibula four inches from the lower end; puffiness of the joint, as of fluid within. This series of symptoms can only be produced on the supposition that the foot has been forcibly everted, and the structures mentioned above either torn or broken—that is to say, it must have been a Pott's fracture. Once in position, the parts are easily kept there; there is no tendency to displacement again when the astragalus is properly against the tibia, so the plaster bandage at once, or in a few days, is as good a splint as can be employed.

But suppose the foot is still dislocated, how are we to proceed? *Not* as is constantly done, and as I witnessed a surgeon doing the other day, to try by brute force to pull the foot into place, the patient lying on his back with the leg rigidly extended. I grant if chloroform is given, the muscles count for comparatively little —(and a secret of success in setting fractures is not to fear giving an anæsthetic if you have the slightest doubt about the replacement being right)—but even then posture counts for something; but if no anæsthetic is given, such a position either prevents reduction altogether, or permits it only to such an extent as to leave, almost certainly, a permanent degree of deformity. The moment the dislocation-fracture has occurred, the following circumstances prevent reduction in bad cases, viz.: first, the tension of the flexors and extensors of the ankle and of the peronæi, augmented by reflex rigidity and spasm on account of the joint injury; secondly, the great laceration of ligaments, which form part of what Pott calls the capsular ligament of the joint, interfering with the replacement of the astragalus; thirdly, the possible fixation of the upper end of the broken lower portion of the fibula, owing to its getting caught in the soft parts into which, as I said before, it is levered from below at the time of the accident.

The inability of some to replace the fibula in good position is made a reason for operating in all cases of Pott's fracture; and I can quite understand that if the upper end of the lower fragment of the fibula is held inwards, *i.e.*, towards the tibia, and not disengaged from soft parts in which it may have become entangled, it would, acting like a spring, tend to cause outward displacement of the foot slowly to recur after reposition had once been apparently satisfactorily made. Such I conceive may explain some of those cases in which permanent deformity has followed a Pott's fracture; but I have never seen the case as yet in which I have found it necessary to do more than (sometimes) divide the Tendo Achillis in order to effect thorough replacement of the disturbed parts. Quite lately I was asked to operate on such a case; all attempts at reduction and replacement having failed; but these attempts had been made with the whole limb rigidly extended. When, however, the attempt was renewed, with both knee and hip well flexed, reposition of the parts was perfectly simple.

Given, then, a "Pott" still unreduced, place the limb in the position shown in Fig. 3, and flex the foot upon the leg, and the more this is done to relax the anterior muscles, the more must the knee be bent, even to less than 90°, so as to relax the Tendo Achillfs. Now is the time to make a direct pull on the foot, firmly grasped by the right hand, so as, as it were, to pull it from the leg and give all room between tibia and astragalus, and now forced adduction of the foot will restore it to its natural position.

This, however, is not enough. The foot must be seen to remain in right position, for if it is slowly again turned out, it is clear the reduction has not been genuine, and one or other of the causes above mentioned is preventing reduction. At this stage over-manipulation must not be employed, but at once, in my opinion, under these circumstances, an anæsthetic should be given; and lastly, if requisite, the Tendo Achillis divided. You will now find everything so free, that with reasonable and intelligent manipulation it will be indeed an unusual case that you cannot satisfactorily restore to perfect position.

When once reduced, and unless there is undue blood effusion, the plaster of Paris casing is all that can be desired for a "Pott"; but if splints are employed, it is almost essential that the limb be slung in a Salter's cradle, in the position shown in fig. 3, with the foot rather inverted than otherwise, or there will be risk of slight eversion slowly reappearing.

In a Pott's fracture, however,—since it is a fracture-dislocation—the treatment does not end here. Blood is effused into the joint, some adhesions form, and the nature of the injury compels absolute rest, thereby favouring subsequent stiffness and pain. It is essential, therefore, that at the end of twenty-eight days passive flexion and extension of the ankle should be freely practised, and at the end of five weeks all supports—except a Martin's bandage, perhaps—should be discarded and free active movement encouraged. I certainly think we are open to the charge in our wards of over-carefulness; patients are sent out in about twenty-one to twenty-eight days with a Croft on, perhaps to a convalescent home, and when they return there is a stiff ankle to deal with, partly due to intra-articular adhesions, but mostly to extra-articular matting of the parts. Early movement alone can obviate all this; and some results that do not seem satisfactory must be charged against inefficient *after*-treatment rather than treatment.

The intense pain often complained of after a "Pott," when the patient begins to get about, is from the same causes that produce the same suffering in a bad sprain, viz., torn ligamentous tissues and matted soft parts, and besides there is pain often at the seat of fracture at the fibula. This last is caused by the strain put upon it by the pressure of the astragalus tending to push out the outer malleolus—in other words, the foot is weak, and tends to become everted. The ligamentous pain is relieved by massage, judicious movements, etc.; and the fibula pain can be relieved in a few days by strapping the foot as for a "flat-foot," and putting a pad under the arch so as to throw the weight upon the outer border of the sole.

Though from what I have said you will see that I do not advise operative measures in simple fractures as a rule of practice, I must make one important exception. It is the case of fractured patella (and olecranon). With modern surgeons there can scarcely be any difference of opinion as to this; for treat a patella by whatever appliance you like, you will never obtain bony union; convalescence must be counted by months—many months—and in the end there is the risk of an over long fibrous union, or the reverse, a practically stiff joint. If, however, the patella be wired, forty-two days is an average time for all treatment; the patient then walking about as usual, and it may be not even needing a stick. The reason is simply this, that wiring the patella gives absolute approximation of the bone ends, and ensures bony union, the wire itself allowing strain to be put quite early on the new union; and what is most important is, that the joint being freely opened, the cavity is cleared of all blood, and so the great cause for adhesions is removed. You lately will have seen me do such a case. The joint was washed out with cans of hot water, then once with hot mercury lotion, and the approximation of the bone was then made. Two practical points I would insist on—one, that the bones should be drilled with a gimlet, so that a channel is made for the wire by removal of a little bone (The usual way of using a metal-drill that wedges its way through, allows at once of the bone springing back when the drill is removed, and so the hole made is very difficult, sometimes impossible, to find); the other, that the skin incision should be a flap arching above the patella, and turned down so that there is no scar in front of the patella, and the line of union in the bone is far away from the skin wound when the flap has been brought into place.

I must justify this advice about operating on broken patellæ by giving you, in tabular form, all the cases I have had here the last six months:—

CASE 1. T., æt. 49 (July–September, 1895). Operation, August 1st; first movement on twenty-first day; a "Croft" worn till fifty-first day, but taken off daily for movement; walked out well without any support September 20th. Total time, 51 days.

CASE 2. L., æt. 46 (February–March, 1895). Operation, 8th February; "Croft" put on on twenty-second day, but discontinued on thirty-ninth day, when he could flex to 90°; discharged on forty-third day without any support. Total time, 43 days.

CASE 3. B., æt. 13 (February–March, 1895). Operation, 13th February; out of bed with a "Croft" on (cut up) on twenty-fourth day; could flex to less than 90° on thirty-eighth day; walked out quite well without any support on forty-first day. Total time, 41 days.

CASE 4. Sarah W., æt. 32 (April–June, 1895). Operation on April 26th; "Croft" put on on seventeenth day; on thirtieth day could bend knee to 15°, and on forty-third day walked out without any support with good flexion and all stiffness nearly gone. [N.B.—This patient broke the other (right) patella in 1893 and I wired it; she has been perfectly well ever since; so both patellæ are now wired.] Total time, 43 days.

The last case in the series was admitted under belief the patella was fractured; the joint was greatly distended with blood, and there was much periarticular ecchymosis. On account of the intra-articular hæmorrhage, I opened the joint by a lateral incision, and thoroughly washed out the joint, sewing up the cut capsule after. The dates are as follows:—

CASE 5. D., æt. 23 (December – January, 1895–6). Operation on December 20th, and leg in straight splint for a few days; thirteen days after, flexion to 45°, and on the sixteenth day patient walked out with every movement perfect, and without any support to the joint. Total time, 16 days.

This case further emphasises the value of cleansing the joint of all blood; his convalescence taking only as many days as it would almost weeks had the blood been left to absorb. It is because of the thorough cleansing of the joint that I have obtained such freedom from adhesion, as I have found in all my cases. I have never had, in a large number of cases, any mischance or mishap whatever, and provided the operation is aseptically performed it presents no risk. I, therefore, do not advocate the subcutaneous wiring of the patella, as, apart from the fact that burrowing a wire under the skin is more likely to be a source of trouble, should any septic contamination by accident occur, it does not allow of what I think to be of an importance only second to the actual union of the patella itself, namely, the thorough cleansing or "toilet" of the joint.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY	11.	Aortic, mitral, and tricuspid regurgitation.
	13.	Mitral regurgitation.
	15.	Chlorosis.
	16.	Mitral.
PHILIP	3.	Mitral regurgitation.
	18.	Aortic and mitral stenosis and regurgitation.
	35.	Aortic stenosis and regurgitation.
STEPHEN	20.	Aneurysm of aorta.
	38.	Aortic and mitral regurgitation.

Nervous System.

MARY	6, 50.	Hysterical paraplegia.
	25, 28.	Chorea.
PHILIP	2, 29, 40.	Sciatica.
	4.	Compression. Paraplegia. Growth.
	10.	Right hemiplegia.
	31.	Compression. Paraplegia.
STEPHEN	9.	Chorea.
	11.	Post typhoidal neuritis.
	32.	Locomotor ataxy. Ulcerative colitis.
	39.	? Anterior poliomyelitis.

Alimentary System and Abdomen.

MARY	3.	Ascites.
	4.	Ascites and pleuritic effusion.
	10.	Appendicitis.
	32.	Carcinoma of stomach.
	36.	Colitis.
	44.	Ascites. Cirrhosis of liver.
PHILIP	1.	? Abdominal Aneurysm.
	15.	Tuberculous peritonitis. Pleuritic effusion.
	32.	Appendicitis.
STEPHEN	14.	Enlarged liver and spleen.

Respiratory System.

MARY	2.	Phthisis.
	15.	Bronchitis and emphysema. Asthma.
	31.	Bronchitis.
	39.	Broncho-pneumonia.
PHILIP	5.	Pneumonia.
	14, 17, 19, 23, 28.	Phthisis.
	21.	Bronchitis. Dilated heart.
STEPHEN	2.	Phthisis. Tuberculous laryngitis.
	4.	Pleuritic effusion. ? Perinephritic abscess.
	7.	Emphysema and dilated heart.
	12.	Bronchitis, capillary and purulent.

Stephen	24.	Pleuritic effusion. ? Malignant disease.
	27.	Phthisis.

Genito-Urinary System.

Mary	5.	Chronic tubal nephritis.
	23.	Lardaceous kidney.
	46, 49.	Acute tubal nephritis.
Philip	7, 11.	Chronic tubal nephritis.
	9.	Chronic nephritis.
	39.	Sub-acute nephritis.
Stephen	16.	Acute nephritis.
	30.	? Renal calculus.
	33.	Acute nephritis.
	37.	Granular kidney. ? Lardaceous.

Miscellaneous.

Mary	19.	Eczema.
	22.	Osteo-arthritis.
	24.	Psoas abscess.
	31, 37.	Acute rheumatism.
	34.	Pruritus valvæ.
	40.	Eczema.
Philip	16.	Lupus vulgaris.
	22.	Osteo-arthritis.
Stephen	2.	Gout.
	10.	Eczema.
	15, 35, 36.	Acute rheumatism.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman	1.	? Renal calculus. Exploration in Clinical private room. No calculus found.
	6.	Enlarged bursa patellæ. Occupation, carpet layer.
	13.	Stricture of anus following operation for hæmorrhoids.
	15.	Old infantile paralysis. Wasted leg and flexion at knee.
Charity	6.	Ankylosis of jaw occuring in course of scarlet fever.
	7.	Intestinal obstruction. Colotomy on right side. Mass found in region of gall-bladder.

Cases under Mr. Davies-Colley.

Lydia	3.	Varicose veins.
	5.	Previous removal of right breast for carcinoma. Carcinoma of left breast.
	20.	Necrosis of alveolar following fractured jaw.
	21.	Cleft palate.
	Cot.	Double hare-lip. Cleft palate.
	Cot.	Cleft palate.
Luke	9.	Gluteal abscess.
	18.	Contractions at elbow and shoulder following burns.
	19.	Hare-lip and cleft palate.

Cases under Mr. Lucas.

Accident	9.	Acute suppurative arthritis of knee-joint following wound into joint.
	21.	Concussion. Cerebral irritation.
	23.	Compound fracture of humerus.
	28, 29.	Fractured tibia and fibula.
Lydia	10.	Tuberculous knee and elbow-joints.
	14.	Appendicitis.
Job	1.	Flexion of finger following thecal abscess. Amputation.
	3.	? Lupus of upper lip, palate, etc.
	4.	Inguinal retention of testicle.
	21, 23.	Reducible inguinal hernia.
	24.	Varicose veins.
Charity	20.	Cyst of breast.
	Cot.	Congenital hydrocele.
	Cot.	Acute epiphysitis lower end of femur.

Cases under Mr. Golding-Bird.

Accident	7.	Ruptured urethra.
	25.	Fractured lower jaw.
Cornelius	1.	Wound of forearm. Divided ulnar nerve and artery.
	13.	Concussion.
	14.	Compound fracture of humerus on left side. Compound fracture of radius on right.
Martha	3.	? Branchial cyst in neck.
	5.	Senile gangrene.
	6.	Strangulated femoral. Omental hernia.
	9.	Suppurative arthritis of hip-joint with pathological dislocation after miscarriage.
	16.	Ankylosis of knee-joint.
	Cot.	Tuberculous tenosynovitis, back of hand.
	Cot.	Fractured radius. Greenstick fractured ulna.
Lazarus	5.	Sacro-iliac disease.
	8.	? Incarcerated inguinal hernia. Reduction by taxis.
	11.	Enlarged prostate. Cystitis.
	14.	Ulcer on dorsum of tongue. ? Epithelioma.

Cases under Mr. Jacobson.

Naaman	20.	Rodent ulcer on face following injury.
Dorcas	3.	Tuberculous knee-joint. Excision.

Cases under Mr. Symonds.

Martha	13.	Thyroid cyst.
	15.	Chronic abscess at upper and inner part of thigh.

Cases under Mr. Lane.

Dorcas	4.	Spinal caries. Compression paraplegia. Laminectomy. Abscess pressing on spinal cord.
Job	21.	Intestinal obstruction. Growth in transverse colon.

Depressed Fracture in a Baby.

CHARITY, COT A.—T. N., æt. 5 months, under Mr. Lucas. Admitted April 28th. Patient was dropped from his sister's lap and fell with his head against the knob of a grate. When picked up he was found to have a marked depression on the right side of the head, and he was immediately brought up to the Hospital.

On admission.—There was found to be a cup-like depression a quarter of an inch in depth and one and a half inch in diameter over the right parietal bone. The pupils, pulse and respiration were normal; the child was not unconscious, but was remarkably irritable.

Treatment.—An anæsthetic was given, and a curved incision one and a half inch in length was made posterior to the depression. The bone was exposed, and a linear incision one inch long was made in it by the angular gouge; an elevator was passed in beneath it as far as the centre of the depression, and the application of a little force caused the bone to spring back completely by a sudden movement. The linear incision in the periosteum was sewn up, and the skin flap then sutured.

The child made an uninterrupted recovery, never presented any bad symptom, and was discharged on the fourteenth day apparently perfectly well.

It will be seen from the above account that the lesion was practically a depressed greenstick fracture of the parietal bone.

A noticeable feature in the operation is the remarkable facility with which a linear incision, through which the elevator could be introduced, was made in the bone, by means of the angular gouge. At the end of the operation the periosteum was sewn over and completely covered in this incision, so that in all probability the bone would be entirely restored. A trephine would not have been nearly so convenient an instrument for operating, and the damage done to the bone would have been far greater.

Calcifying Periosteal Sarcoma. Chloralamide Rash.

JOB 2.—H. W., æt. 16, under Mr. Lucas. The first observed symptom occurred four months before admission, when it was noticed that on extreme flexion of the left knee pain was felt shooting down to the ankle. A month later a small hard lump appeared just external to the tubercle of the tibia. Since then the swelling has rapidly increased in size, and has extended all round the head of the tibia. Patient can no longer fully extend his leg. For the last three months he has been getting about on crutches.

On admission.—There was found to be a large swelling occupying the upper third of the tibia, and extending upwards posteriorly into the popliteal space. The margins of the swelling were ill-defined, and it was obviously connected with the bones and deep structures of the limb. The skin was stretched and shiny, and the superficial veins were slightly enlarged. The consistency was for the most part firm, but on the inner side there was a soft spot surrounded by a firm, apparently bony margin.

The diagnosis of sarcoma was made without difficulty. As regards the nature of the growth, it was thought to be myeloid, and the softened area above mentioned was taken to indicate that the growth had at this spot burst through the bone, and then spread on its surface.

The treatment adopted was amputation through the middle of the thigh.

On examination of the growth after removal, it was found to be a beautiful example of calcifying periosteal sarcoma. It had commenced at the posterior part of the head of the tibia, and had spread first into the popliteal space, and had then wrapped round the bone and come forwards. An antero-posterior section of the head of the bone and the growth was made with the saw. The appearance then presented was very characteristic. The substance of the growth was composed of bony trabeculæ, and looked exceedingly like the cancellous tissue of the tibia; separating the two, however, was a well-marked layer of compact bony tissue. The epiphysial line was well shown, and the tumour had apparently originated in the periosteum in its vicinity. The greater part of the growth was composed of this osseous material, but in front it was softer, and at one point (which was felt as a soft spot during life) it was hæmorrhagic. There were two secondary glands in the popliteal space: one of these, about three-quarters of an inch in diameter, consisted of osseous material similar to the growth; the other was smaller, and was red and inflamed, with a small bony speck in the centre.

The specimen was found to consist of a round-celled sarcoma, many of the cells being large and multinucleated. Where the calcification could be seen in an early stage, the calcareous material in the form of fine granules was deposited around and between the cells. In the older and harder portions the calcareous material occurred in the form of irregular, interlacing masses, not bearing any very close resemblance to true bone. The tumour is to be regarded as a calcifying round-celled sarcoma.

Another interesting feature in the above case was the occurrence of what Dr. Perry pronounced to be almost undoubtedly a chloralamide rash. Only one small dose (gr. xx.) was given. The next day, however, there was a slight erythematous rash all over the body. This became much more pronounced during the next two days. There was then a distinct tendency to vesiculation, but no quantity of fluid collected in the vesicles. This was subsequently followed by the most profuse desquamation. The whole body peeled, and the epidermis came off in large flakes which filled the bed. The skin kept its bright red colour. The process of desquamation was at its height about eight days after the administration of the drug. This wholesale shedding of the epidermis and the brilliant red erythema of the skin beneath formed a most striking picture, resembling in many respects pityriasis rubra. The rash was accompanied by some itching, but on the whole patient did not suffer nearly so much discomfort as would have been expected from his appearance, and his general health seemed to be unaffected throughout.

R. H.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Juniores Priores.

DEAR SIR,—In going round with my physician I have experienced sometimes great difficulty in getting near enough to the bedside in order to see the cases, and to hear his teaching, on account of gentlemen, who do not belong to the "Firm," occupying the foremost positions. I would suggest that the clerks to the physician should be allowed to be nearest the bedside, as the time one is "on" so soon slips by, and naturally one is keen on making as much use as possible of present opportunities.—I am, dear Sir, yours, etc., WARD CLERK.

The Etiology of Thoracic Aneurysm.

DEAR SIR,—In the issue of the GAZETTE for May 9th there is a clinical lecture by Dr. Hale White upon Two Cases of Thoracic Aneurysm. These two cases of aneurysm present in their histories a feature of some interest. One patient had suffered from malaria, and the other was a waterside labourer. Lancereaux states that he has noticed that aneurysm and the form of aortitis that occurs in well-defined raised plaques, occurs most frequently in soldiers and sailors who have been abroad, and thinks that malaria may play an important part in the causation of these affections of the aorta. Since reading these remarks of Lancereaux, my own limited experience has seemed to support his view. If the calling of the sufferer from aneurysm does not happen to have been that of a soldier or a sailor, it will, I think, be generally found that the occupation entails work in damp localities or damp soil: it may be that of a waterside labourer, or perhaps the digging of foundations; and it has occurred to me that the stated liability of lightermen to aneurysm, may, if true, be due not to the laborious character of their work, but to their habitual residence on or near a river. Should, however, it prove to be correct that those who suffer from aneurysm have generally had some occupation that has brought them into contact with damp soil, it need not follow that it is malaria that has played a part in the causation of the disease. It may be that the antecedent aortitis is not set up by the malarial organism, but is caused by some microbe that flourishes in damp localities.

While I have been thus suggesting that aneurysm may originate in infection from without, I think that it cannot be doubted that syphilitic subjects are more subject to the affection of the aorta that precedes aneurysm, than those who have not suffered from syphilis. Possibly some reader of the GAZETTE may think the subject of sufficient interest to take the trouble to see what light the Guy's Hospital records may afford upon the point.—I am, dear Sir, yours truly,

THEODORE FISHER.

Clifton, Bristol, May 19th, 1896.

The Re-Endowment Fund.

This is the last opportunity that will occur before the Festival of saying a word through these columns to our friends and workers. The pressure in the office can be neither imagined nor described, except by those who are actually taking part in the work; and it may be that some of those entitled to tickets for the Reception have not received them. The plan of distribution has been, a single ticket to every collector of one to three guineas, a double ticket to every collector of three guineas and upwards, and a single or double ticket to every subscriber of a guinea or upwards whose names and addresses appear in the small blue books. Extra complimentary tickets will be sent, if desired, to any one responsible for a considerable collection.

In accordance with the above arrangement, the Secretary to the Treasurer will be glad to receive, by wire or letter, not later than Monday morning next, any requests for Reception tickets. Tickets other than complimentary can still be obtained at the price of two or three guineas for single or double respectively.

The Reception Committee are the Duchess of Marlborough, the Duchess of Portland, the Duchess of Sutherland, the Marchioness of Londonderry, the Countess of Crawford and Balcarres, the Countess Grey, the Countess of Warwick, Lady Aldenham, Lady Randolph Churchill, Lady A. Gordon-Lennox, Lady Tweedmouth, Mrs. Cosmo Bonsor, Mrs. A. L. Cohen, Mrs. W. Grenfell, Mrs. R. M. Harvey, Mrs. Howse and Mrs. Pye-Smith.

Banquet.

Guests on arriving at the main entrance should immediately proceed to the banquet cloak room on the west side (inside the main doors).

Evening dress, with decorations, will be worn.

On leaving the banquet cloak room, guests should proceed to the opposite side of the main entrance, where table plans will be supplied to the guests. The delivery will be facilitated by guests tendering their special cards of admission to the attendants or clearly giving their names.

Guests are earnestly requested on receiving their table plans to proceed at once through the vestibule by the west door on to the galleries or the west garden, and thence make their way to the dining pavilion, as directed on the plan of seats.

The tables will be indicated by numbers from 1 to 60, and the seats by letters and the names of the guests.

The programme of the music to be played during dinner will be printed on the table plans.

The band of the Royal Horse Guards will be stationed in the pavilion, and will play during dinner.

H.R.H., the Chairman, will take his seat at the dinner table at 7.30 p.m. precisely.

The banquet guests will separate about 9.15 p.m., when the Chairman will be conducted to such parts of the galleries and grounds as His Royal Highness may direct. Guests are requested to repair to the gardens and galleries after the royal party has left the dining pavilion.

Reception.

The reception of guests will commence at 9 p.m. and terminate about 11 p.m. Guests arriving after 11 p.m. will proceed direct to the galleries and grounds.

The crush room for the reception of cloaks, hats and wraps only, is OUTSIDE THE BUILDING, between the main entrance and east exit (Exhibition Road end).

Evening dress, with decorations, will be worn by gentlemen. Evening or walking dress by ladies.

Guests can retain their wraps and head coverings, if so disposed, for use in the galleries and grounds.

Carriages will be ranked in the Imperial Institute Road, Exhibition Road, Queen's Gate, and adjoining thoroughfares, as may be directed by the police.

Guests will avoid delay or confusion by having their tickets of admission ready for delivery to the attendants on entering the reception vestibule.

Guests will enter (after depositing their cloaks, hats or wraps) *by the main entrance*, and proceed at once to the vestibule (where they will be received), and then immediately pass down by the stairs, TO THE RIGHT OR LEFT, for the galleries and the gardens.

The band of the Royal Horse Guards will play in the south gallery of the vestibule from 9.30 to 11 p.m.

Guests are earnestly requested not to linger in the reception vestibule, and to kindly conform to the directions which will be given by the officers of the Institute and the stewards for keeping the vestibule from being crowded.

Programmes will be issued at the barriers immediately on entering the lower central gallery from the reception vestibule.

The demonstration (in the west quadrangle) of motor cars, cycles, etc., will commence after His Royal Highness The Prince of Wales has left the dining pavilion and entered the west garden.

Refreshments will be served from a special buffet under the west garden terrace pavilion; the central buffet in the covered way between the two gardens (exhibition of motor car); and the ordinary buffets in the west garden; and the garden tables. Cigars and cigarettes may be obtained at the east bar of the west garden.

The buildings and gardens will be specially illuminated from 9 p.m. to 1 a.m.

The Monte Carlo Orchestra (conducted by Mons. Louis Jeuin) will play in the west garden from 9.30 p.m. to 12.30 a.m. with intervals.

The enquiry and reference office will be in the poste restante immediately to the east and inside of the main entrance. Lost property may also be deposited there.

The lost property office for the grounds is in the superintendent's room under the covered way between the two gardens.

Guests may *leave* by the east (Exhibition Road end) and west (Queen's Gate end) doors from 10.30 p.m. Those guests who leave by the east (Exhibition Road end) can reach the special cloak room and colonnade and covered way.

Cabs will be on call during the evening.

The following special train service will be provided for the convenience of guests leaving the Reception. (The subway from South Kensington Station to Exhibition Road—near the east end of the Imperial Institute Road—will be open for the use of guests arriving and leaving throughout the evening.)

Time-table of special train arrangements, early morning of Thursday, June 11th:—

METROPOLITAN DISTRICT RAILWAY AND RAILWAYS IN CONNECTION.				
				a.m.
South Kensington			dep.	1 30
Gloucester Road			"	1 32
Earl's Court			"	1 34
West Kensington			arr.	1 37
Hammersmith			"	1 40
Ravenscourt Park			"	1 43
Turnham Green			"	1 46
Chiswick Park			"	1 48
Mill Hill Park			"	1 51
Ealing Common			"	1 54
Ealing Broadway			"	1 57
	a.m.			a.m.
South Kensington	dep. 1 0		dep.	1 30
Sloane Square	arr. 1 4		arr.	1 34
Victoria	" 1 7		"	1 37
St. James's Park	" 1 9		"	1 39
Westminster	" 1 11		"	1 41
Charing Cross	" 1 14		"	1 44
Temple	" 1 16		"	1 46
Blackfriars	" 1 19		"	1 49
Mansion House	" 1 22		"	1 52
Cannon Street			"	1 54
Monument			"	1 56
Mark Lane			"	1 58
Aldgate East			"	2 1
St. Mary's			"	2 3
Whitechapel			"	2 5
METROPOLITAN RAILWAYS.				a.m.
South Kensington			dep.	12 30
Gloucester Road			arr.	12 32
High Street			"	12 35
Notting Hill Gate			"	12 38
Bayswater			"	12 40
Praed Street			"	12 43
Edgware Road			"	12 46
Baker Street			"	12 48
Portland Road			"	12 50
Gower Street			"	12 52
King's Cross			"	12 55
Farringdon Street			"	12 59
Aldersgate Street			"	1 1
Moorgate Street			"	1 3
Bishopsgate Street			"	1 5
Aldgate			"	1 8

Guests should verify the above time-table with the list of trains which will be printed on the programme handed to them on arrival at the Institute.

Passim.

It is not true, as some have imagined, that we have purchased London. But it is true that a not inconsiderable army of sandwich-men has been chartered to convey to the fashionable, frock-coated and garden-hatted public of Bond Street the information that a Reception will be held in the Imperial Institute on behalf of Guy's Hospital, on Wednesday, June 10th, at 9 p.m. The purchasing, we hope, will be the other way round, and as the Institute will hold 15,000 people comfortably, 30,000 uncomfortably, and 80,000 somehow, in the architect's estimation, there should be no fear of the supply of tickets running short.

It is to be sincerely hoped that the weather will be propitious. A charity banquet at 80 degrees in the shade is one of life's very doubtful pleasures; and the pleasantest occupation in London, in our opinion, is to be able to sit out after dinner in the garden of the Institute with suitable company and listen to the supreme excellence of the Monte Carlo band, second only to Strauss's band of last year. The exhibition of autocars will also give material for conversation in moments of social distress, while the most popular victory of Persimmon at Epsom on Wednesday may be taken as a splendid omen of the success of His Royal Highness's undertakings this summer. Altogether, next Wednesday's function bids fair to be the most notable gathering of the season, and at the same time to achieve its double purpose of making our needs known to the public and of adding directly a considerable sum of money to the Fund for Re-endowment.

News will be found in another column of the most successful entertainments that have been held during the last fortnight on behalf of the Fund. The fair at Shortlands was most excellently managed; and through the kindness of the Duchess of Albany in going down to declare the fair open, the patronage of many most distinguished and influential persons, and the energetic assistance of the stall-holders, entertainers, and organizers, it is hoped that a substantial sum will have been cleared.

At the same time, mention should be made of the no less creditable, if smaller, effort at St. Mildred's Hall, in Lee, and of the entertainments arranged by Dr. Knott, at Southsea, the eventual result of which, it is hoped, will be the endowing of a "Tiny Tim" cot. This undertaking has been supported by Dr. Conan Doyle, who, in a recent letter, expresses his conviction that "the birthplace of Charles Dickens will not be found wanting in a cause which appeals to charity and humanity."

Other prospective arrangements, besides those for Wednesday's function, are a demonstration of the London Carmen's Trade Union to-morrow, and a great fête, at which the "Dis-Guysed" will appear on each of the three nights, at Hanworth, near Sunbury, on June 23rd to 25th. A performance was to have taken place last night of three theatrical pieces, entitled "Mouse Trap," "Papa's Wife," and "Cut Off with a Shilling," but a report of it must be held over till our next ordinary issue.

We say "our next ordinary issue" advisedly, for our next actual issue will be a special Festival number, which is to be published on Saturday next, June 13th. This will be of about the same size as an ordinary number of the Gazette, printed on special paper, and bound in a cover for which a remarkably fine design has been drawn, containing no advertisements and no technical writing. There will be ten pages of phototypes concerning the Hospital, and the remainder is to be filled with a brief history of Guy's by Dr. Pye-Smith, an account of the recent financial difficulties and progress of the Re-endowment Scheme, a verbatim report of speeches at the Festival dinner, and matter concerning life at the Hospital at the present time. A list of all subscribers of half a guinea and upwards will be printed as a supplement.

With the same number there will be presented to subscribers of larger sums a copy of a most valuable copper-plate etching of the front of the Hospital, executed for this purpose by a member of the Society of Painter-Etchers. A hundred signed artist's proofs will be on sale for the sum of five shillings each on application to the Librarian. Extra copies of the Festival number with ordinary copies of the etching may be obtained at two shillings apiece, ordinary copies of the etching separately at one shilling and sixpence, and separate copies of the Festival number at one shilling. Early orders to the Librarian are advisable.

Only two months ago we had to announce the retirement of Sir J. Russell Reynolds from the Presidency of the College of Physicians and the probable election in his place of Dr. Wilks. Now it is our melancholy duty to record the death of the late President, after a weary and protracted illness, and his funeral which took place on Monday. With the whole medical profession in England, we join in praising one of the greatest of recent physicians and in expressing a justifiable hope that he has been succeeded by a man of equal power and talent.

In our issue of March 28th we published a suggestion from Dr. Arnold Sutton, of Sidcup, that we should endeavour to give an account from time to time of new methods of treatment as they become adopted in the wards. This we have now managed to initiate by an article on Lysol, under the new heading of Novelties. It is to be hoped that all who can help us in this matter, especially the Residents, will supply us with information as to the value or worthlessness of any special method they may have adopted.

The photograph we publish on another page is one of many excellent groups taken by Mr. F. H. Hardy at the Shortlands Fair. The three little sisters ranged from about five to fifteen, and were the cynosure of neighbouring eyes from the official stall. We are deeply indebted to Mr. Hardy for his kindness in allowing us to use his photograph.

The Dental Society held their annual meeting on Friday, May 29th, and awarded their prize to Mr. K. W. Goadby for his original paper on "The Bacteriological Aspect of Dental Caries," which we published on March 14th of this year. The balance-sheet is satisfactory, but we refrain from publishing it for fear of the jealousy that might be so aroused in the other constituent clubs of the Union. We publish, however, the annual report of the whole Clubs' Union, as is usual.

Clinical lectures are being given at 1.30 on Wednesdays by Dr. Pitt and on Fridays by Mr. Jacobson.

Mr. Tom Bird will deliver three lectures on "Anæsthetics in General Use," in the Anatomical Theatre, on Fridays, June 5th, 12th and 19th, at 12 noon.

The July appointments list will close on Monday, June 8th. The same day is also the last for applications for schedules of the Intermediate examination for the M.B. degree, to be obtained from the Registrar of the London University.

We note with approval the remark of a juryman at a recent inquest, that members of the Staff only should in future undertake the work of Externs. We will pass the suggestion on gratuitously to the Dean for his mature consideration, and look forward with interest to the July appointments list and tea with the newly-appointed Externs. We should especially recommend the summer months for the initiation of such a change. The Borough is especially delightful in the balmy summer mornings, and there might not be the same difficulty of responding to the night-porter's call as in winter.

We have been requested to acknowledge with hearty thanks the generosity of Dr. Whitworth, of St. Agnes, Cornwall, in sending the twelve volumes between 1840 and 1848 lacking in the Library series of the *Lancet*, and of Dr. Lockhart Stephens, who has sent the volume for 1866 necessary to complete the set.

We have also gratefully to acknowledge the kindness of the proprietors of the *Lancet* and of Dr. John Dixon, of Bermondsey, who, in response to the appeal made in our columns, wrote offering to supply the deficient volumes.

We have received a copy of the Colonial Office paper *re* Medical appointments in the Colonies; of which copies may be had on application to the librarian. Many of the appointments are of considerable pecuniary value, with board and lodging often thrown in, occasionally some hospital practice to be had, and often private practice allowed in addition. In these days of colonial expansion there should be many men willing to carry out the beacon of Guy's medicine and surgery into the darkness of Fiji, Sierra Leone or the Leeward Islands, not to mention such enticing places as Gibraltar, Jamaica and Hong Kong. There are usually fourteen or fifteen vacancies in the year, and about ninety candidates for the posts.

The Right Reverend The Lord Bishop of Mashonaland will address a meeting of the Missionary Society in the Court Room, on Tuesday, June 9th, at 8 p.m. Mr. Davies-Colley

has kindly consented to take the chair on the occasion, and a good attendance is looked for. The meeting is open to all who are interested in Foreign Missionary Work. Tea and coffee at 7.30 p.m.

THE Athletic Sports will be held on Tuesday next at the Honor Oak Park ground, beginning at 2.30 p.m. The band of one of the West Kent Fusileer regiments has been engaged for the afternoon, and good sport is expected. Entrance tickets may be obtained of a committee-man for one shilling, or sixpence before the day. We hope all competitors will come up to the scratch. A full card and a blank field do not go well together.

As we go to press we hear that the water-polo team on Thursday, the 4th, gained a magnificent victory over Oxford University, who have already beaten Surrey. A full account will appear in our next issue.

The "Tiny Tim" Cot from Portsmouth.

GREAT efforts are being made in Portsmouth and Southsea by the friends of Guy's and Dr. Knott at their head, to endow a cot to be called after Dickens' "Tiny Tim." Two concerts have already been given in support of this object in the Portsmouth Town Hall, and although the first was less fully attended than might have been the case, the second attracted a large audience, including the Mayor and Mayoress. An excellent programme was arranged. Mrs. John Billington recited, Messrs. Charles Wade and Charles Attree sang, Mr. W. J. Granger played on the organ, Mr. Reaside spoke, the band of the Royal Marine Artillery played, little Miss Oriska Fuller harped, and various other persons exhibited their skill. Sundry entertainments are promised in Portsmouth in the future, and it is to be hoped that the aim of the Committee—the "Tiny Tim" cot—may before long be an established entity.

Bazaar at St. Mildred's Hall, Lee.

A BAZAAR in aid of the Re-endowment Fund was held at St. Mildred's Hall, Burnt Ash, on Wednesday afternoon. To Mrs. Knighton Arnold the credit is due for having originated the idea, which had a most successful issue. The hall was prettily decorated with bunting and Chinese lanterns, and the stalls were laden with a most attractive display of goods. The ladies in charge of the stalls wore the dress of the nurses at Guy's. At the opening ceremony the Rev. F. W. Helder, Vicar of St. Mildred's, gave expression to feelings of pleasure that a bazaar in aid of so deserving an object was held in his parish. Mr. Reaside spoke with his usual ingenuity and incisiveness and conveyed to the ladies to whose efforts the bazaar was due the thanks of the Treasurer and Governors. Mrs. Helder declared the bazaar open, and the sale of goods was at once briskly proceeded with.

A large staff of ladies had volunteered to preside over stalls and in the evening Mrs. Stiff and Mrs. Rowbotham most kindly arranged various different entertainments. The whole affair was a very great success, and shows how much may be done by a little energy and patriotism by old Guy's men and friends of the hospital.

Fancy Fair at Shortlands House.

THIS was held on Friday and Saturday, May 29th and 30th. Mr. L. P. Ford had most kindly lent his beautiful house and grounds for the occasion; Mrs. Ford acted as Treasurer to the Committee of Management and Mrs. Kirby acted as Hon. Secretary; while the main brunt of the battle fell on Dr. R. Price, who had worked up the bazaar most splendidly.

Under the patronage of H.R.H. The Princess of Wales, H.R.H. The Duchess of Connaught, H.R.H. The Duke of Cambridge, and a long list of other most honourable names, with the presence of Earl Stanhope, Lord Lieutenant of Kent, and with the first royal visit ever paid to Shortlands, so far as can be remembered, in the person of H.R.H. The Duchess of Albany, who most kindly opened the Fair on Friday, everyone in the district was bound to go, even at the sum of 5s. The result is not known, as the accounts are not yet made out, but it is believed that a very large sum will be realised.

The stalls showed very great signs of careful preparation and were most attractive. We would not dare to pick out those most worthy of praise where all were so deserving; we can but say that we were particularly struck with the few we saw, and that they entirely absorbed our attention. Thus, we passed by and admired the Misses Sale-Barker's Welsh stall, with the stall-holders arrayed in the quaint Welsh peasant costume—red cloaks, conical witch-like hats and all; and we passed the International stall managed by Mrs. Short and Mrs. Bolus, decorated with the Guy's colours done in purple and yellow iris, the only good combination of these colours we have ever seen in floral decoration; the Refreshment stall, served by four brilliantly-attired young damsels in scarlet ribbons and white muslin, whence, if we are not mistaken, Mr. Hardy secured in a raffle his 15lb. ham, and returned with it nursed in the folds of his frock-coat; the Official stall, managed by Miss MacLeod, Sister Job and others; and the Sweets' stall, where willy-nilly it was one's duty to eat sweets until they produced nausea, and to enter for raffles of cakes and other luxuries, until all available cash was gone. The loan exhibition of Irish lace was magnificent, some of the designs being most beautifully

conceived and carried out, while twenty-four yards of Irish poplin were ordered by the Queen. Finally, we yielded to the urgent entreaties of Dr. Washbourn, and became closeted with some four or five other persons for a space of as many minutes while Mr. Hopkins demonstrated to us in perilous darkness the coins in our purses, the ribs in our umbrellas and the bones in our hands, by the very good Guy's apparatus for the use of those most uncanny Röntgen rays.

Alas, we had not time to visit the other stalls, for we were called off to our dinner, and a wonderful dinner it was, too, even if it did become rather short in the sweets towards the end, seeing that the ordinary individual paid for it only three and the artiste or stall-holder only one shilling.

Then, in the evening, there appeared the Thurla nigger troupe, singing most excellently in time and harmony, and at eight our worthy friends the "Dis-Guysed" Minstrels, who in a new nigger sketch *à propos* of Hamlet (Mr. A. Miller), Ophelia (Mr. Alfred Allport), and their stage manager (Mr. S. G. Layman), a new dance by Messrs. Michael and Shepherd, and sundry other items, fairly brought down the house. We are again especially indebted for their services to the half-dozen friends of the Hospital who, although not Guy's men, went down and assisted in the orchestra, and more particularly to Mr. Balfour, of the Gypsy Hill Orchestra, who conducted splendidly.

Entertainments were arranged on Friday afternoon and evening, and a concert on Saturday afternoon, by one of the most energetic of present-day students, whose service to the cause of Re-endowment are almost incalculable. Our very heartiest thanks are due to the performers for coming down so considerable a distance to perform, at such great inconvenience to themselves. Amongst them were—Miss Lilian Hingston, Miss Agnes Hill, Mr. Laurence Kellie, Mr. Harold Eden, Mr. Tom Browne, Mr. F. H. Celli, Mr. George Grossmith, Jun., Mr. P. H. Lulham, Miss Maggie Roberts, Mr. Philip Yorke, Mr. Ben Nathan, Mr. Frank Lindo, Mr. J. L. Shine, Mr. George Tate, Mr. A. L. Spittle, Mr. Stanley Cock, Miss Kate Kirby, Mr. C. D. Steele, Mr. Lidgley, Mrs. Kate Kirby, Mr. Martin, Miss Marie Ernst, Miss Elsie Fogerty, Miss Laura Louise Wallen, and a

See page 262.

contingent of the "Dis-Guysed" Minstrels with orchestra. Stage-manager, Mr. Percy H. Vernon. Accompanists, Miss Jeannie Kirby and Mr. Lidgley. The band of the Royal Engineers also played from time to time in the garden.

A special marquee had been erected for the purpose of the entertainments, and a "calico-dance" was held in it on Monday night to defray the expenses of its erection. Judging from the physical activities displayed by sundry juvenile persons on their return, while we in the not very small hours were pursuing our journalistic activities with nodding head, the dance cannot have failed in interest—at least to those now most interested in Shortlands.

Guy's Hospital Clubs' Union.

ANNUAL REPORT—SEASON 1895-6.

THE Council of the Clubs' Union have much pleasure in presenting the fourth Annual Report of the progress of the Union, together with a statement of the receipts and expenditure since last April.

The total number of members on the 31st March, 1896, was 1,685, of whom 1,349 are life members, 305 annual subscribers, and 31 patrons. These numbers show a most satisfactory maintenance of the steady increase which has occurred each year since the formation of the Union. The continued support accorded by the Governors, the Consulting and Acting Staff, and old Guy's men is very gratifying to the Council, as also is the fact that *every student*—medical and dental—who has joined the Hospital during the last eighteen months has become a subscriber. There are, however, still a few old Guy's men who have not paid the life membership subscription of one guinea, which enables them to have their names and addresses printed annually in the Directory of the Clubs' Union Blue Book. This Directory has admirably attained the object for which it was designed, viz., the convenience of a member when in search of the names and addresses of Guy's men in any particular place to which he is going or to which he is sending a patient.

One new rule has been made, namely—"That the Council may, on the death or resignation of any of its members, appoint a substitute to serve till the next election." None of the old rules have been altered.

During the year two institutions have been elected as constituents, namely, the Dental Society and the Swimming Club.

The agreement with the St. German's Cricket Club has been renewed for this season at an increased rent, and an agreement has been entered into with a second Cricket Club (Messrs. Jos. Travers & Sons, Limited), on corresponding terms, for six match wickets in the latter part of the season and practice nets on two evenings in each week.

In view of the increased income thus derived, and of the fact that each year more members are availing themselves of the ground for exercise, and also that the Athletic Club has decided to hold its meeting there this year on June 9th, instead of at Stamford Bridge, as hitherto, the Council have felt justified in carrying out during the winter a considerable amount of work on the turf, which has resulted in so much improvement that they believe the ground will now be found to be one of the best within the metropolitan area. The drainage operations alluded to in the last annual report have materially improved the condition of the football ground. The ground was again selected last summer by the United Hospitals' Cricket Club for the Inter-Hospital matches.

During the first season of the Nurses' Lawn Tennis Club, for which the Council lent the ground on three mornings in each week, about forty nurses availed themselves of the opportunity for exercise. The use of the ground has again been offered to the Matron for this season, and arrangements have been made which increase the accommodation.

The best thanks of the Council are due to the officers of the constituent institutions and to the auditors, and to the able and untiring assistance of Mr. Croucher and the other members of the Medical School Office Staff.

In announcing their successors, the Council would wish to put on record their regret that Dr. Pye-Smith's period of office, in accordance with the laws of the Union, now terminates, and to express their hearty thanks to him for his ever-ready and valuable assistance.

Council for 1896-7.—Frederick Taylor, M.D., W. A. Brailey, M.A., M.D., J. W. Washbourn, M.D., J. H. Bryant, M.D., A. D. Fripp, M.S., Lauriston E. Shaw, M.D., K. B. Alexander, F. S. Batchelor, A. J. Cleveland, E. F. Clowes, E. Ivens Spriggs, W. K. Wills.

The income for the twelve months was £1,900, expenditure £1,870, balance £30.

STATEMENT OF RECEIPTS AND EXPENDITURE FROM 1ST APRIL, 1895, TO 31ST MARCH, 1896.

1895—April 1. RECEIPTS.	£	s.	d.	£	s.	d.
To Balance at Bankers	6	2	4			
" " of Petty Cash in hand	1	2	6			
				7	4	10
1896—March 31.						
To Subscriptions and Donations from April 1st, 1895, to August 31st, 1895	423	0	6			
" Ditto from 1st September, 1895, to March 31st, 1896 ...	1,220	17	6			
				1,643	18	0
" Grant from Medical School for 1895 ...				100	0	0
" " Dental " " ...				10	0	0
" Rent from Tenants				50	0	0
" " Lockers				8	2	0
" Blue Book Advertisements				24	8	0
" "Gate" Receipts				14	12	0
" Sale of Railway Tickets				50	0	0
" Bicycle Club—Grant repaid				5	0	0
" Proceeds of Sale of Horse				4	8	0
				£1,917	12	10

1896—March 31. Expenditure.

	£ s. d.	£ s. d.
By Grants to Constituent Institutions—		
Athletic Club	42 0 0	
Bicycle Club	7 2 0	
Christian Union	7 5 0	
Cricket Club	22 0 0	
Debating Society	4 0 0	
Dental Society	11 0 0	
Football—Association ...	10 0 0	
„ Rugby	23 0 0	
Gazette Fund	349 10 0	
Physical Society	23 15 0	
Reports Fund	336 12 6	
Rifle Association	7 10 0	
Students' Club	317 13 0	
Tennis Club	8 18 5	
		1,170 5 11
„ Field—Current Expenses		235 5 5
„ „ Rent Account		234 10 0
„ Repayment of School Loan to Students' Club		100 0 0
„ Management Expenses—		
Printing and Stationery...	57 13 7	
Secretarial Expenses ...	47 16 3	
Special Letters, &c. ...	3 3 10	
		108 13 8
„ Purchase of Horse		7 8 0
„ Railway Tickets Deposit Account ...		33 6 8
„ Balance at Bankers	28 2 6	
„ „ of Petty Cash in hand	0 0 8	
		28 3 2
		£1,917 12 10

FREDERICK TAYLOR, Treasurer.
ALFRED D. FRIPP, Secretary.

Examined and found correct, May 2nd, 1896,
(Signed) E. T. E. HAMILTON.
ASTLEY V. CLARKE.

Guy's Hospital Dental Society.

The Second Annual General Meeting of the Society was held on Friday, May 29th, 1896, Mr. W. A. Maggs, the president, in the chair. The minutes of the previous meeting having been read and confirmed, the hon. treasurer presented his balance-sheet, which was unanimously adopted. The hon. secretary then read his annual report. Mr. Goadby made a few remarks, after which the report was also unanimously adopted.

The president announced that the vice-presidents adjudicated the Society's prize to Mr. K. W. Goadby for his paper on "The Bacteriological Aspect of Dental Caries," after which he presented the prize.

Mr. G. S. Simpson being appointed scrutator, the following officers were duly elected for the Session 1896-97. President: Mr. J. H. Badcock. Vice-presidents: Mr. H. L. Pillin, Mr. R. Wynne Rouw, Mr. A. E. Baker. Hon. Treasurer: Mr. M. F. Hopson. Hon. Secretary: Mr. G. S. Simpson. Committee: Mr. F. W. Stone, Mr. E. H. Musgrove, first year; Mr. C. A. Wilson, Mr. K. W. Goadby, second year; Mr. J. L. Payne, irrespective of year.

Mr. G. S. Simpson proposed a vote of thanks to the retiring officers, to which Mr. A. De Mierre replied. The meeting then terminated.

Pass List.

University of Durham, April, 1896.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

Second Class Honours.

Pendred, V.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.

Elementary Anatomy, Chemistry and Physics.

Welch, F. D.

Chemistry and Physics.

Ayre Smith, A. — J. Harris.
Barlow, E. H. B. — V. Pendred.

Anatomy.

Sime, F. W.

Royal College of Surgeons of England, May, 1896.

FINAL FELLOWSHIP EXAMINATION.
(Unofficial List).

Bryant, C. H. — Parry, L. A.
Moffat, H. A. — Taylor, E. C.

University of London, May, 1896.

M.B. EXAMINATION.

Second Division.

Instone, N. — Nolan, H.
Wise, H. M.

From the Gazette's Special Pathologist.

NOTICES.

H. H. Du B., Weymouth.—The specimen has undergone such extensive caseous and necrotic changes, that its structure is difficult to make out. On the whole, the appearances are more in favour of sarcoma than gumma.

B. G. R., College Park.—A section of the omentum shows numerous caseous areas, and one or two giant cells. There can be no doubt that the condition is tuberculous.

C. D. M., Bournemouth.—No tubercle bacilli could be found in the sputum.

G. E. H., Ramsgate.—Tubercle bacilli are present in the sputum.

PATHOLOGIST.

Sport.

Cricket.

GUY'S v. MITCHAM.

Played on Saturday, May 23rd. Guy's batted first on a good wicket. The first few batsmen did fairly well, Nicholls in particular playing excellent cricket for his 33, but after he was out no one seemed at home with Keene's bowling except Cawston and Walker, who played well for their runs. Guy's were all out for the poor total of 141.

Mitcham started well, putting on 47 for the first wicket, but four men were out for 94, when Rhoades and Moorhouse came together and mastered our bowling, adding nearly 100 runs. After these two were separated no one stayed long, and the innings closed for 237. Alexander came out best in the bowling with four wickets for 14 runs, Nicholls having three for 43 runs. We were thus beaten by 96 runs. Scores:—

GUY'S.

A. E. Clarke, c (sub.), b Hussey	16
K. B. Alexander, c Pillinger, b Keene	17
F. J. Nicholls, b Keene	33
K. V. Trubshaw, c MacAlister, b Hussey	0
F. C. Wetherell, b Hussey	0
E. Cohen, b Keene	5
H. M. Barker, c Moorhouse, b Keene	8
A. E. Cawston, st Clarke, b Keene	29
F. E. Walker, c Hussey, b MacAlister	16
F. W. Sime, not out	1
E. G. Goddard, b Keene	0
Extras	16
Total	141

MITCHAM.

Rev. H. Sturt, c Alexander, b Nicholls	28
W. Hussey, b Clarke	22
H. Pillinger, c Clarke, b Nicholls	11
W. C. Rhoades, c Clarke, b Alexander	47
T. D. Lee, c Goddard, b Nicholls	22
M. Moorhouse, c Nicholls, b Goddard	57
T. R. Harvey, c and b Alexander	18
A. F. Clarke, c Goddard, b Alexander	0
F. Knight, c Cawston, b Alexander	0
Rev. MacAlister, run out	17
R. Keene, not out	0
Extras	15
Total	237

PAST v. PRESENT.

Played on Whit-Monday. Nicholls again won the toss, and took first innings on a good hard wicket. W. I. Hancock started bowling well, and the first three batsmen were got rid of for only 36 runs, but on Trubshaw and Wetherell coming together they started scoring at a great pace, and added 80 runs in quick time. Trubshaw then being caught for a very good innings of 51, Barker and Wetherell made another stand before Wetherell was out for a fine innings of 89. It was a fine display of cricket, and he was unlucky not to top the century. Barker played well for 64, and Goddard hit out fearlessly for 30, the innings closing for 306. The Past started very badly being evidently short of practice, and the whole side were dismissed for 84. Shorland hit well for his 33. Goddard bowled well, taking six wickets for 30 runs, Nicholls having two for 12. In the second innings the Past knocked up 131 for two wickets, Stamford making a good 72. A dinner took place afterwards, Mr. Brailey presiding. We hope this will become an annual match. Scores:—

PRESENT.

A. E. Clarke, b Hancock	22
K. B. Alexander, lbw, b Hancock	5
F. J. Nicholls, b Hancock	3
K. V. Trubshaw, c Francis, b Lavers	51
F. C. Wetherell, c Francis, b Ham	89
A. E. Cawston, c Ham, b Hancock	3
E. Cohen, b Hancock	22
M. S. Barker, c Ham, b Francis	64
F. W. Sime, lbw, b Francis	0
E. G. Goddard, b Ham	30
H. Barrow, not out	5
Extras	12
Total	306

PAST.

	1st Innings.	2nd Innings.
C. J. Francis, c Baker, b Goddard	14	
W. I. Hancock, b Goddard	1	
S. Wacher, c Clarke, b Goddard	12	not out 42
R. B. Stamford, b Clarke	0	b Trubshaw 72
N. Lavers, b Clarke	9	
R. T. Fitz-Hugh, b Goddard	0	
J. H. Busteed, c Barker, b Nicholls	2	
E. T. Shorland, c Clarke, b Nicholls	33	
B. B. Ham, c Barker, b Goddard	3	
C. H. Fagge, not out	4	c Alexander, b Wetherell 5
E. D. Hancock, b Goddard	0	
Extras	7	Extras 12
Total	84	Total 131

GUY'S v. HORNSEY.

Played at Honor Oak on Saturday, May 30th, and ended in an easy victory for Guy's. Clarke and Nicholls started well and banged the ball all over the ground, and it was not till the score was 88 that Nicholls was bowled for a capital 41. Alexander and Clarke still kept the scoring moving, and at lunch they were still together with the score 140 for one wicket. After lunch 50 were added before Clarke was caught for a splendid innings of 90. Trubshaw joined Alexander and played well for 23, helping to add 65 for the third wicket. Just.

when Alexander seemed sure to get the century he was well caught at third man for a beautiful innings of 96, including two 5's and seventeen 4's, five of which were made in one over. The innings was declared closed for 315 for seven wickets. Hornsey showed very poor form, except R. W. Nicholls, Tubby, E. W. Nicholls and Collingridge, who all showed good form for their runs. The innings closed for 134. Clarke took four wickets for 43 and Nicholls four for 38. Scores:—

GUY'S.

A. E. Clarke, c Collingridge, b Bryer	90
F. J. Nicholls, b Harrison	41
K. B. Alexander, c Bryer, b Harrison	96
K. V. Trubshaw, c & b Swinstead	23
F. C. Wetherell, not out	33
E. Cohen, b Harrison	5
M. S. Barker, lbw, b Harrison	1
F. E. Walker, b Swinstead	4
A. E. Cawston, not out	5
Extras	17
Total	315

F. W. Sime and E. G. Goddard did not bat.

HORNSEY.

R. W. Nicholls, c Barker, b Clarke	20
C. Bryer, b Clarke	8
F. B. Dent, b Clarke	3
F. O. Tubby, c Nicholls, b Clarke	23
G. H. Swinstead, st Cohen, b Nicholls	16
W. Harrison, b Nicholls	1
R. H. King, b Nicholls	4
E. W. Nicholls, c & b Nicholls	21
H. Collingridge, not out	20
D. Bryer, b Goddard	3
E. A. Cox, c Walker, b Goddard	5
Extras	10
Total	134

GUY'S v. DUNSTABLE.

Played at Dunstable, on Wednesday, June 3rd. This match ended in another victory for us, chiefly owing to a fine bowling performance by Nicholls—six wickets for 10 runs. On winning the toss, Clarke and Nicholls started the innings, and raised the score to 44 before Clarke was yorked out for a useful 19. Nicholls soon followed, being caught, with a careful innings of 22. The next few wickets fell rapidly, and five wickets were down for 62; but on Barker joining Cohen, a very useful stand was made, although they had a good deal of luck, several times being nearly run out in running almost impossible runs, with the score 111. Barker was out lbw for a freely hit, but very useful, 29. A slight shower of rain during lunch caused the ball to be very greasy and difficult to bowl with, and Cohen and Humphry took full advantage of it, raising the score to 162. Cohen played very well for 32, going in when things were going against us, he helped to add 100 runs during his stay. Goddard hit a couple of good fourers, and the innings closed for 182.

Dunstable started badly, losing one wicket for 3 runs; but only three wickets were down for 61, all being got rid of by Clarke, who was bowling very well, beating the batsmen time after time. When Nicholls went in to bowl, he completely altered the aspect of the game, as the last seven wickets only added 13 runs. The fielding was better than it has been, Goddard's catch being a very good one; but there is still room for improvement. This is only the second time in the last six years Dunstable have lost a match. Scores:—

GUY'S.

A. E. Clarke, b Manton	19
F. J. Nicholls, c Ryder, b Thring	22
K. B. Alexander, b Thring	3
K. V. Trubshaw, b Thring	6
E. Cohen, c and b Giddings	32
M. S. Barker, lbw, b Thring	29
A. E. Cawston, b Manton	0
S. Humphry, b Manton	30
F. E. Walker, c Thring, b Giddings	1
F. W. Sime, not out	5
E. G. Goddard, b Manton	11
Extras	24
Total	182

DUNSTABLE.

	1st innings.		2nd innings.
L. C. R. Thring, b Clarke	14	c Nicholls, b Alexander	30
E. B. Bow, b Clarke	0	not out	5
R. Ryder, c and b Clarke	33	b Trubshaw	61
T. Manton, c Goddard, b Nicholls	13	lbw b Cohen	3
T. Metcalfe, c Clarke, b Nicholls	0	lbw Trubshaw	22
T. Healing, c Cawston, b Nicholls	2	b Trubshaw	1
T. Giddings, c Barker, b Nicholls	4	c Alexander, b Walker	9
W. F. Brown, b Clarke	0		
T. Sanger, not out	7	c Clarke, b Barker	3
W. Spencer, b Nicholls	0	b Walker	0
A. Fothergill, c Sime, b Nicholls	0		
Extras	1	Extras	6
Total	74	Total	140

GUY'S 2ND XI. v. ST. BARTHOLOMEW'S 2ND XI.

This match was played at Winchmore Hill, on May 20th, in wretched weather. For us Trubshaw batted in excellent form, and although an extra quarter of an hour's play was agreed to at the call of time, the match was left drawn. Scores:—

GUY'S.

K. V. Trubshaw, not out	69
A. E. Cawston, b Drake	7
W. G. Palmer, c Watson, b Wood	6
H. A. Gaitskill, b Wood	30
E. P. Uttley, b Wood	9
F. W. Sime, not out	7
Extras	16
Total	*144

*Declared closed.

Messrs. H. Durbridge, H. H. Butler, F. C. Robinson, H. H. Hawes and J. Beavis, did not bat.

ST. BARTHOLOMEW'S.

C. Farrington, c Robinson, b Trubshaw	30
T. J. Wood, c Sime, b Butler	5
A. R. Skey, b Butler	0
C. G. Watson, b Trubshaw	19
T. M. Body, c Uttley, b Trubshaw	0
A. A. Bostock, not out	39
H. A. Hayes, b Butler	12
R. H. Sankey, c Trubshaw, b Cawston	14
C. Grimshaw, b Cawston	1
E. V. Lindsey, not out	2
Extras	4
Total	126

D. J. Drake, did not bat.

GUY'S 2ND XI. v. GRANVILLE 2ND XI.

Played on our ground on May 23rd and resulted in a win for the visitors. We won the toss and batted first, but owing to Passmore's bowling our total only reached 111. With even this small total victory seemed well within our grasp as our visitors had five wickets down for 45. At this point, however, our fellows went off, and the fielding, which before had been excellent, now became very slack, with the result that at the fall of the seventh wicket we were beaten. Scores:—

GUY'S.

P. D. Hunter, b Passmore	10
T. Morgan, c sub, b Passmore	23
H. A. Gaitskill, b Passmore	9
W. G. Palmer, c Moulder, b Nicoll	11
J. Beavis, b Passmore	0
H. Durbridge, b Passmore	0
H. H. Butler, not out	20
F. R. Featherstone, b Passmore	0
W. H. P. Barrow, run out	6
F. C. Robinson, b Passmore	0
J. T. DeCoteau, st Pate, b Nicoll	16
Extras	16
Total	111

GRANVILLE.

E. Rymer Jones, c Morgan, b Palmer	0
C. S. Carey, c Palmer, b Hunter	11
J. R. Hollingworth, c Robinson, b Palmer	7
W. S. Pate, b Hunter	6
W. Green, c Barrow, b Palmer	10
E. R. D. Moulder, b Palmer	16
G. C. Nicoll, c Beavis, b Hunter	45
R. F. Taylor, not out	33
J. A. Johnston, c Palmer, b Morgan	12
W. M. Cox, b DeCoteau	2
T. L. Passmore, not out	0
Extras	12
Total	154

GUY'S 2ND XI. v. ST. THOMAS'S 2ND XI.

Played at Honor Oak Park on May 27th, and resulted in a victory for us. Scores:—

ST. THOMAS'S.

W. E. Hodges, c DeCoteau, b Palmer	33
W. Ashford, b Hunter	4
F. S. Bailey, b Hunter	4
S. Hunt, b Palmer	8
H. H. R. Clarke, run out	0
W. H. Thorman, lbw, b Cawton	2
B. M. Dunstan, c Hunter, b Palmer	0
T. A. King, b Palmer	5
J. G. Glasgow, c Palmer, b Cawston	1
J. C. R. Robinson, b Palmer	2
A. Armitage, not out	0
Extras	15
Total	74

GUY'S.

A. E Cawston, b Ashford	39
J. T. DeCoteau, b Ashford	11
F. E. Walker, b Hodges	4
H. H. Butler, b Bailey	14
W. G. Palmer, c Hodges, b Ashford	2
J. Beavis, c Glasgow, b Hodges	1
F. W. Sime, not out	26
P. D. Hunter, b Bailey	10
W. H. Barrow, c Thorman, b Bailey	4
L. Pern, b Clarke	6
A. H. Gray, b Clarke	0
Extras	14
Total	131

GUY'S 2ND XI. v. OSBORNE C.C.

Played at Norbury on Saturday, May 30th, and resulted in a victory for us. Scores:—

OSBORNE.

G. B. Paton, b Butler	24
W. H. Paton, run out	0
A. Graves, c Durbridge, b Butler	10
H. Sutton, b Butler	14
J. Ferguson, b Durbridge	6
W. Amos, not out	0
L. Munro, b Butler	6
C. Laine, lbw, b Butler	6
O. Paton, c Bignold, b Butler	0
W. J. James, b Butler	0
Extras	11
Total	77

GUY'S.

H. Durbridge, b O. Paton	61
M. Thornley, lbw, b O. Paton	0
H. H. Butler, c Laine, b James	20
F. R. Featherstone, b W. H. Paton	17
H. P. Barrow, c & b Munro	0
H. Bignold, run out	5
R. Barron, b W. H. Paton	9
J. Matthews, not out	5
G. Shorland, st Grant, b W. H. Paton	6
T. R. Beale-Browne, b W. H. Paton	0
Extras	15
Total	138

Guy's Hospital Lawn Tennis Club.

GUY'S v. THE BOUNDARIES, BALHAM.

This, the opening match of the season, was played at Balham, on May 9th, and resulted in a defeat for the Hospital by 9 matches to 0; 18 sets to 0; 108 games to 37. Tebbit and Pearse lost to Carter and Lawford, 6–4, 6–0; lost to Peake and Peake, 6–3, 6–3; lost to Carter and Carr, 6–2, 6–2. Michael and Cleveland lost to Carter and Lawford, 6–4, 6–1; lost to Peake and Peake, 6–2, 6–2; lost to Carter and Carr, 6–3, 6–2. Porter and Cook lost to Carter and Lawford, 6–2, 6–0; lost to Peake and Peake, 6–2, 6–0; lost to Carter and Carr, 6–2, 6–3.

GUY'S v. WEIGHTON.

An evening match played at Weighton, on May 13th, in fine weather. Darkness prevented all the matches being played out, but at the finish of play the score stood at 5–2 against Guy's.

GUY'S v. SURBITON.

Played at Surbiton, on May 20th, in very bad and windy weather, which necessitated the abandonment of the match half-way through.

GUY'S v. HORNSEY.

Played at Honor Oak, on May 23rd, and resulted in a defeat for the Hospital by 7 matches to 2. Appended is the score:—Carter and Hicks beat Browne and Lewis, 4–6, 8–6, 6–4; beat Adamson and Eldridge; lost to Ramsey and Taylor, 6–4, 5–7, 2–6. Porter and Cook lost to Browne and Lewis, 6–1, 8–6; lost to Adamson and Eldridge, 6–2, 6–3; lost to Ramsey and Taylor, 6–3, 6–3. Williams and Coventry lost to Browne and Lewis, 6–2, 6–2; lost to Adamson and Eldridge, 6–2, 6–1; lost to Ramsey and Taylor, 6–4, 6–2.

PAST v. PRESENT.

Played at Honor Oak on Whit-Monday. Singles were played before lunch and American doubles after. The match ended in a win for the Present. Both teams dined together in the evening, at the kind invitation of Mr. Lane, in the College Library, and a most enjoyable time was spent. Appended is the score:—

SINGLES: A. B. Carter beat S. Rivers 3–6, 8–6, 6–3; A. V. Clarke beat A. H. Partridge, 6–4, 6–4; A. S. I. Pearse lost to Dr. Goodall, 6–4, 6–2; C. E. Michael beat Dr. Washbourn, 6–4, 6–1; E. W. S. Rowland beat Dr. Swayne, 6–2, 6–2; H. T. Hicks beat A. V. Chapman; 6–3, 8–6.

DOUBLE: Carter and Hicks lost to Rivers and Partridge, 2–6, 6–3, 3–6; beat Goodall and Chapman, 6–2, 6–4, beat Washbourn and Swayne, 6–3, 6–4. Clarke and Pearse beat Goodall and Chapman, 6–3, 6–1; beat Washbourn and Swayne, 4–6, 6–4, 6–0. Michael and Rowland beat Rivers and Partridge, 4–6, 10–8, 6–4; beat Washbourn and Swayne, 6–3, 6–0.

GUY'S v. J. H. BUSTEED'S TEAM.

J. H. Busteed brought down a very strong team to Honor Oak on May 27; when we say it included such names as the brothers Webber and the Amateur Champion of Kent, it is needless to say we got beaten. Appended is the score:—Carter and Porter lost to Webber and Webber, 6–0, 6–2; lost to Kirby and Rivers, 6–2, 6–0; lost to Busteed and Gibson, 7–5, 4–6, 6–4. Clarke and Pearse lost to Webber and Webber, 6–2, 6–4; lost to Kirby and Rivers, 6–2, 6–3; lost to Busteed and Gibson, 6–3, 6–1. Michael and Porter lost to Busteed and Gibson, 6–2, 6–2.

Water Polo.

GUY'S v. LINDEN.

These teams met at the Dulwich Baths, on Friday, May 22nd. We had to play without two of our best men, and again had to weaken the team by putting our goal-keeper forward, the match ending in a win for our opponents by four goals to three. Our goals were scored by Styer, MacLachlan and Marshall. Team:—

GUY'S.—B. F. Henry (sub.) (goal); G. Marshall and G. D. Slater (backs); A. Styer (half-back); Evans (sub.) and MacLachlan (centre), and G. Simpson (forwards). Referee, W. H. Brooker (Surrey W.P.A.)

GUY'S 2ND v. LINDEN 2ND.

This match, played the same evening, resulted in a drawn game of one goal each. Our goal was shot by C. E. Brown.

GUY'S v. CROYDON DOLPHIN.

This match was played at the Croydon Baths, Guy's being minus W. R. Wood. From the start the home team were pressed, and Marshall scored with a long shot early in the game; after that, MacLachlan added another, which completely baffled the Croydon goal-keeper, who throughout the game defended well, and at half-time the score stood in favour of Guy's at two to nil. In the second half the shallowness of the bath impeded the play, and MacLachlan adding another, the final score stood—Guy's three goals; Croydon nil. Team:—

GUY'S.—G. Simpson (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); C. E. Brown, A. Styer and A. R. MacLachlan (forwards).

GUY'S v. DREADNOUGHT.

Played at the Rotherhithe Baths, on Tuesday, June 2nd, and resulted in a win for Guy's, who were without Wood and MacLachlan, by five goals to nil. Barker came off very successfully in goal, and Styer was in grand form, scoring all our goals. Team:—

GUY'S.—H. S. Barker (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); G. Simpson, A. Styer (centre), and C. E. Brown (forwards).

Guy's Rifle Association.

GUY'S v. ST. MARY'S.

This season, as last, we opened our series of matches by opposing St. Mary's at Ilford. Owing to the failure of a St. Mary's man to appear, we shot five men aside instead of six. The main feature of the match was the excellent shooting of Pooley, St. Mary's captain, who put together an aggregate of 88. For Guy's, among individual scores, Pearson's 31, and Moss's 30 at 200 yards, call for notice; while at 500 yards, Gibson, who represented Guy's on a rifle range for the first time, scored 32. The scoring at 600 yards showed a marked falling off from the 500 yards scores. The full scores were as follows:—

GUY'S.

	200	500	600	Aggte.
Pearson	31	25	24	80
Moss	30	28	15	73
Ellis	29	22	17	68
Gibson	26	32	21	79
Dowsett	23	28	*16*	67
Total				367

ST. MARY'S.

Pooley	29	32	27	88
Taylor	25	29	4	58
Jones	20	22	19	61
Wells	19	27	14	60
Smith	22	20	25	67
Total				334

GUY'S v. ST. PAUL'S SCHOOL.

Owing to alterations in the ranges at Bisley, this match had to be shot at Runemede instead of on the scene of the United Hospitals' Cup competition. Shooting commenced at 200 yards, and the scores at that range were not brilliant on either side; both teams were pretty evenly matched, for on retiring to 500 yards St. Paul's were leading by one point. At the longer ranges our scoring, as usual, was better, Ellis and Moss making 32 and 30 respectively, while Pearson and Bell each made 29. Gibson, unfortunately, was unwell, and his 15, although numerically poor, did him credit. For our opponents, Went did best with 29, and the next four men were all within seven points of his score. Guy's gradually pulled ahead, and on the conclusion of firing were victors by 17 points. The scores were:—

GUY'S.

	200	500	Aggte.
Moss	27	30	57
Pearson	28	29	57
Ellis	24	32	56
Bell	24	29	53
Hodgson	24	22	46
Gibson	25	15	40
Bedford	16	21	37
Telling	22	15	37
Total			383

ST. PAUL'S.

	200	500	Aggte.
Macalister	27	25	52
Went	19	29	48
Jamison	22	26	48
Sprague	26	22	48
Bushe-Fox	25	20	45
Pain	22	22	44
Vaughan-Jones	27	17	44
Blandford	23	14	37
Total			366

GUY'S v. ROYAL INDIAN ENGINEERING COLLEGE.

Truly the fates were propitious, when on Saturday, May 30th, the forlorn hope despatched to Cooper's Hill succeeded in vanquishing its opponents by 33 points. A waggonette deposited us at the scene of the fray, and shooting began about 2.30. At 200 yards we were fairly even, though one or two men failed to shine. Pearson shot well for us, while Fraser, their captain, made an excellent 29. Firing was resumed at 500 yards, Guy's leading by six points. Fortunately atmospheric conditions were not unfavourable, consequently the humorous peculiarities of the range were not apparent, and the score in our favour gradually increased. Ellis shot consistently and well, and Pearson and Fulham-Turner each contributed 30. For our opponents, Fraser did best with 27, unfortunately not getting his elevation till the fourth shot. At the conclusion we had increased our lead by 27 points, leaving us victorious by 33 points. The team had received an invitation to dinner, and the time was pleasantly occupied in looking over the admirably kept grounds, and watching the conclusion of cricket and tennis matches, in both of which the College was victorious. Then came dinner, followed by an adjournment to the billiard room, where Moss distinguished himself amidst acclamation! At length came the news that our carriage awaited us, and we reluctantly bade farewell after a most pleasant and satisfactory visit. The journey home, needless to say, betokened a condition of complacency, and the hope that the at present unbroken record of matches won may be continued throughout the season was universal. Below are the full scores:—

GUY'S.

	200	500	Aggte.
Pearson	28	30	58
Ellis	28	29	57
Gibson	28	25	53
Fulham-Turner	21	30	51
Moss	23	19	42
Bell	15	21	26
Total			297

ROYAL INDIAN ENGINEERING COLLEGE.

Fraser	29	27	56
Reilly	27	24	51
Shields	24	24	48
Sisson	24	21	45
Anderson	20	22	42
Dawson	13	9	22
Total			264

Novelties.

LYSOL.

One of the most recent changes that has taken place on the surgical side of the hospital during the last few months has been the introduction of a new antiseptic for use on a large scale. This substance, by name Lysol, has with some of the surgeons practically taken the place of carbolic acid as a general antiseptic. It is a German proprietory preparation, but is obtainable from all the large houses in half-litre or in gallon bottles.

It is said to consist of a mixture of cresols, rendered soluble by the admixture of a large quantity of caustic soda. It is thus an intensely alkaline, but a readily-soluble, fluid. It is colourless, but for hospital use it is coloured by the addition of aniline yellow. It is miscible with water in all proportions. With distilled water it forms a clear solution; but with ordinary hard tap water, such as is used in making the hospital solutions, it becomes slightly cloudy. It is an exceedingly soapy liquid, readily making a lather when rubbed on the skin, and frothing freely when shaken up with air. As regards its antiseptic strength, a 2 per cent. solution is said to have a germicidal power equal to that of 1 in 20 carbolic acid, a statement which has been tested and confirmed by Dr. Washbourn. The cost of a 2 per cent. solution of Lysol is just about the same as that of 1 in 20 carbolic.

Its chief advantages may be summarised as follows:—Firstly, it is less irritating than carbolic. It is true that in consequence of its alkalinity it does irritate the skin somewhat, and if used very frequently causes desquamation; but this desquamation is finer than that due to carbolic, and therefore it is easier to get the hands clean while the process is going on, and it never causes the anæsthesia or blackening of the fingers so familiar with that lotion. A compress of 2 per cent. Lysol, even if left on for several hours before an operation, produces very little erythema of the skin. For syringing out cavities the 2 per cent. solution may be safely used, and it is therefore more valuable for this purpose than the 1 in 40 carbolic usually employed. If pus is present, the alkali precipitates the nucleo-albumins and thus forms the slimy substance familiar in the Liq. Potassæ test for pus. This, however, is no great disadvantage, and it may be taken as indicating the greater power possessed by Lysol over carbolic for penetrating the fluids and tissues of the body. As it is miscible with water in all proportions, a very strong antiseptic solution could be obtained, and it is possible that, say, a 5 per cent. solution will be used for syringing out septic wounds or for treating sloughing surfaces, though as yet this has not been tried in the hospital.

Secondly, certain advantages are due to its physical properties. Its soapy character makes it very convenient for washing up the skin before an operation; while for use in the front surgery, nothing will get the neighbourhood of a cut clean and aseptic so rapidly as a solution of Lysol with a little soft soap added.

Lastly, since it is relatively stronger than carbolic acid, it is rather more portable.

On the other hand, there are some counterbalancing disadvantages. It does not have any bad effect upon instruments, and can safely be used for keeping them aseptic, but it makes them exceedingly slippery. This renders its use at operations inconvenient at first, but with a little practice it becomes hardly noticeable. It is advisable, however, to wipe the handle of the knife with which the first incision is made with a sponge before using it, as otherwise it may slip. Ligatures and sutures (especially salmon gut) are likewise rendered very slippery, and are undoubtedly more difficult to tie than if kept in carbolic. A rubber tourniquet should never be put into Lysol, or it will be found to be little short of impossible to get it tight. Again, when time is an object, as in scraping abscesses or lupus under gas, it is not wise to put the sharp spoon into Lysol, or the handle will tend to turn in the hand. Finally, if used very frequently, as, for instance, by the dressers for the week (especially if the hands and arms are first well cleaned with Liq. Potassæ), it smarts very much for a minute or so after application, and also causes some chapping of the skin on the front of the wrist and the bend of the elbow; it is found, however, that a little lanoline rubbed in over night will almost certainly remedy this condition by the morning.

R. H.

Appointments.

CIVIL.

Flory, Cyril H., M.R.C.S., L.R.C.P., has been appointed House Physician to the Royal Hospital, Sheffield.

Stevens, T. G., M.D. Lond., M.R.C.P., F.R.C.S., has been appointed Obstetric Physician to the Surrey Dispensary.

MILITARY.

Allport, Alfred, M.R.C.S., L.R.C.P. Lond., has been appointed Surgeon-Lieutenant in the 1st London (City of London) Artillery.

Birth.

LONG.—On May 28th, at 74, Micklegate, York, the wife of D. Sanderson Long, M.D. Cantab, of a son.

Marriage.

HOVENDEN—PHILLIPS.—On June 1st, at Holy Trinity Church, Selhurst, Arthur Cecil Hovenden, M.B., B.S. Lond., son of the late T. H. Hovenden, Esq. to Madeline Bessie, youngest daughter of the late Williams Phillips, Esq., of Shepton Mallet, and of Mrs. Phillips, of Mansfrid House, South Norwood.

[Ed.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

JUNE 20, 1896.

Tubercular Affection of Joints.

CLINICAL LECTURE BY W. ARBUTHNOT LANE.

GENTLEMEN,—I propose considering with you to-day the principles which should guide us in our treatment of tubercular affection of joints, and from a consideration of them to try and lay down rules for our guidance. I am constantly asked by friends, "How do you treat tubercular joints at Guy's Hospital or at the Hospital for Sick Children?" and I am obliged to say that I do not know. It is hard enough to state any definite method or methods which one adopts oneself without being aware of those views held, or methods adopted, by a number of one's colleagues.

Now let us consider the position. We have an individual usually possessed of a vitality depreciated by bad feeding or hygiene or both, at one period or another of his existence, or by some debilitating illness, or who inherits from ancestors a body which offers a resistance less than the average to the inroad of organisms. Such a subject sustains an injury to some portion of an articulation, which in the adult may be the bone or synovial membrane, and in the child the epiphysial line, synovial membrane, or bone. Such tissue is damaged, and its vitality or its ability to oppose its colonization by organisms so depreciated, that they are able to secure a foothold and then to throw out settlements all round the primary focus. It does not follow that tubercle bacilli are always the first settlers.

Now, the course of events depends upon two factors—the virulence of the organism and the vitality of the individual. If the former is considerable and the latter small, the organisms will spread locally, the tissues doing their utmost to stay their progress and to confine them within certain limits, opposing as far as they can their dissemination throughout the body. This last is a very important capacity from a surgical point of view, and must be borne in mind. To put it more clearly, the organisms are isolated as far as possible by a process which is described as inflammatory, in what may roughly be regarded as a capsule, upon the completeness of which the body depends for its security from general infection by the entry of organisms into the comparatively unprotected tissues about.

From a consideration of these facts it is obvious that we must attempt two things:—

1. To improve the vitality of the tissues of the patient, and so put them in the best position to isolate, and later to invade and destroy the army of organisms which have obtained a foothold.

2. To do anything to depreciate the vitality of the organisms and to assist the tissues locally at the seat of conflict.

Now, it is quite obvious how these principles should be applied separately, yet as you will see in your endeavour to apply one, your methods may act disadvantageously in the case of the other. In order to explain my meaning, I will consider the second principle first.

By keeping the affected parts at absolute rest the process of seclusion is rendered more perfect, and the inroad of organisms into the tissues driven back, so that their vitality is gradually depreciated in being deprived of a necessary supply of food. If the organisms are scattered scantily through a tissue, as for instance, the synovial membrane, they are destroyed; but if they, with the relics of their struggle with the tissues, are collected in a large quantity, the more fluid constituents are gradually absorbed, and a pasty, and finally a

cretaceous mass remains. I need hardly point out to you that free movement of the affected joint assists the disease as opposed to the patient, probably by damaging the inflammatory line and depreciating its capacity for resistance. Therefore absolute rest is one of the most important means we possess in fighting tubercular affections of joints; at the same time such confinement as is necessary to secure such rest may be prejudicial to the general health of the individual, and it is often necessary to make some compromise, permitting a certain amount of mobility to secure a greater improvement in the general condition of the patient. To decide judiciously on this question is obviously often very difficult, since so much depends on the surroundings of the patient.

Again, we are able to permeate the tissues of the individual with drugs whose action is powerfully germicidal, and which, in such quantities as we can safely introduce, possess the power, if not of destroying, at least of lowering, the vitality of the invading organisms. I allude to mercury, arsenic, and the several iodides. In all tubercular affections I use these drugs in a systematic manner, giving in the adult a grain of blue pill three times a day, and a mixture containing liquor arsenicalis, iodide of potassium, iodide of sodium, and iodide of ammonium. The mixture of the several iodides enables one to give a larger quantity of iodine, and so to avoid the depressing effect of the potash salt. The iodides are given in about five-grain doses, the amount of which is not usually increased. The dose of liquor arsenicalis commences at about five minims, and is increased by a drop every week. It is raised till about thirty minims are taken three times a day. Of course, owing to peculiar susceptibilities, this arrangement has occasionally to be modified, but in the large majority of cases sooner or later this treatment can be enforced. You would ask me on what grounds or on what evidence this treatment is based, since it is exceedingly difficult to prove its utility under such varying conditions as are presented by tubercular joints, and I would willingly acknowledge the wisdom and the strength of such criticisms. The conclusion must be arrived at from analogy. We have in the out-patient department a large number of adults suffering from tubercular affection of the glands of the neck. I purposely confine my remarks to adults, since the means by which the earlier use of these drugs was determined was experimental, and of necessity required the consent of the sufferer.

Finding that such a combination of powerful germicides appeared to benefit such patients, I obtained the permission of two patients who had in their necks enormous collections of glands affected by tubercle, to remove a single gland. The greatest care was taken to shell out the gland entire, and so to prevent the entry of organisms into the surrounding undefended tissues. These glands were found to be in a state of acute tubercular infection. The necks were then carefully measured and the treatment by drugs commenced. This was pursued systematically till the dose of arsenic amounted to about eighty or ninety minims in the twenty-four hours. By that time in neither case could anything but small hard masses be felt. In one of the patients I removed one of these relics, and found only a mass of fibrous tissue, with a minute quantity of caseous material. Gentlemen, I do not wish you to assume that in every case of tubercular affection of glands of the neck you should confine your treatment solely to the administration of drugs; I merely adduce these cases as undeniable evidence of their capacity for assisting the tissues as against the organism. There are, attending my out-patient department, many patients suffering from tubercular affection of the glands of the neck, and you can watch for yourselves their progress under this treatment alone. We see then that we can increase the resisting capacity of the patient by improving his general health, by placing him in the best possible hygienic surroundings, and by attending to his diet, and that locally, by keeping the affected parts at rest and by administering certain germicidal drugs, we can depreciate the vitality of the invading organisms.

Again, it is possible in many cases, by the withdrawal on one or more occasions of a varying proportion of the bulk of the invading organisms by some simple method, to render the task easier for the tissues. I refer to such treatment as the aspiration or the evacuation by means of an incision of a fluid tubercular collection, as for instance a psoas abscess, and you can readily understand the principle upon which such a treatment is based; or one can introduce into the tubercular collection a material, which when acted upon by living tissues, is broken up into agents which exert a powerful germicidal or inhibitory action upon organisms. I refer to the drug which is most commonly used for this purpose, namely, iodoform. This material in the test tube exerts little or no action on organisms, but when broken up by living tissues, its products are

most efficient in their destruction; or this substance may be introduced after a proportion of the fluid contents of a so-called tubercular abscess have been more or less imperfectly evacuated by the aspirating needle, or more efficiently and thoroughly by incision and subsequent scraping.

We must bear in mind one very great objection to any method of treatment in which the invading organisms are not completely destroyed or removed, and I will illustrate my meaning by carrying you back to the cases of tubercular affection of the glands in the neck. In some of the cases which I subjected to a systematic treatment with drugs for a long period after the disease had apparently disappeared, I have occasionally been disappointed by seeing patients turn up, perhaps a year after, with a recurrence of the glandular trouble. They have stated that it reappeared very rapidly after some very depressing illness, which was almost always influenza. Under treatment the condition subsided as before. We learn from this that these cases must be kept under treatment long after the disease has apparently subsided, that tubercular organisms will lie latent or dormant for very long periods of time, ready to burst into activity when the vitality of the surrounding tissues is depressed, and that the only perfectly satisfactory way of treating tubercular inroads is by their complete and perfect ablation from the body. Unless this is done, and done effectually, the patient is liable, not only to a local conflagration in the original spot, or in some tissue damaged by injury or by the inroad of some other organism, but also to the dissemination of the organisms through the body generally, owing to some physical damage to the surrounding capsule.

With our present means of treating tubercular disease of the joints we must, then, recognise the fact that when a focus containing organisms in a state however latent must be left, the patient is exposed to trouble at any subsequent state of his existence. We also know that only in some joints is complete removal possible.

In a certain number of cases it is necessary to attack the seat of tubercular affection surgically, either because of the presence of a piece of dead bone, the rapid spread of the disease, or its appearance in other parts of the body. In the performance of all operations remember that you are exposing the patient to the risk of general infection, since the organisms may come in contact with recently-incised parts, which possess no such obstacle to their entry as existed in the diseased part previous to operation. You must obviate this risk as far as you may, either by effecting as complete a removal of the organisms as possible, or, if that cannot be guaranteed, or as is wise, even in any case, by leaving in a quantity of some such reagent as iodoform which shall influence prejudicially the vitality of those left behind. I cannot urge on you too strongly the importance of remembering this, especially when you are operating on the joints of young children. Those who have held resident surgical posts in children's hospitals are very much alive to this risk, which accompanies surgical interference on such a scale as is necessary by such operations as erasion or excision of a joint, particularly when the diseased structures are only imperfectly removed, as is unfortunately, owing to the anatomical conditions of the parts, too often the case, however skilful, painstaking and experienced the surgeon.

I will now call your attention to a few general rules which may be of service to you.

1. In tubercular affections of joints, if recovery is made without operative interference, assuming that the joints are not permitted to become fixed in useless positions and that the ends of the bones are not allowed to acquire abnormal relationships to one another, the mechanical results so obtained are usually much better than those that follow the removal of the disease by an operation. An illustration of the truth of this statement is afforded by tubercular disease of the knee-joint. If the patient recover without operative interference he will usually possess a much more useful joint than if the diseased tissues had been removed by an erasion, however perfect the operation and however young the child. Therefore, before having recourse to operative interference in tubercular disease of a joint, assuming that there are no symptoms which urgently demand it, it is obvious that every effort should be made to obtain a cure by such means as we possess. A considerable proportion of cases affected with tubercular joints will recover completely.

2. In young subjects, if operative interference becomes necessary, the tubercular material should be removed by erasion. The period at which active surgical measures should be adopted varies largely with the circumstances of the parents, the general health of the child, the presence of disease in other parts of the body and the other conditions involved. In fact, each case must be treated with a full knowledge of its history, etc. I will apply the term erasion to any operation on a joint in which an attempt is made to

remove more or less completely any tubercular material, whether in the synovial membrane alone, or also in the cartilage or bones, or structures about the joint, the articular surface of the bone not being removed by the saw. By excision I understand the sawing off of part or the whole of the articular ends of the bones entering into the formation of a joint, together with the removal of the affected synovial membrane.

3. In the young subject an excision should not be performed unless demanded by mechanical conditions, as the fixation of the joint in such a position that it cannot be brought into a useful one without the removal of bone, or the dislocation of the articular surfaces on one another requiring for their replacement a removal of more or less of one or both bony surfaces.

4. When the disease is limited to the synovial membrane and the cartilage is only superficially eroded, a complete erasion of the diseased structures is almost always followed by a satisfactory result. In young subjects a movable joint is frequently obtained, but as the age of the child increases the limit of the mobility decreases. The free removal of articular cartilage is not of necessity followed by the formation of fibrous ankylosis as surgeons used to imagine. During the operation the circulation through the limb should be controlled by an elastic band so that the appearance of the parts is not obscured by blood, and the diseased structures can then be readily distinguished from the healthy tissues. This is done also with a view to preventing the organisms being picked up and carried off in the blood stream by the divided vessels in the cut surfaces.

5. Where there is cavitation of one or both bones due to primary disease in the bone or to its infection by the diseased synovial membrane, such cavity should be thoroughly cleared of its tubercular contents and its wall scraped. It is then rendered quite dry and is packed firmly with finely powdered iodoform, which has been sterilized by being soaked for some considerable time in carbolic lotion (1 in 20). The surface of the space filled with iodoform is rendered flush with that of the surrounding cartilage. In this way iodoform is used as a packing which occupies, with a solid material containing no organisms and in which organisms cannot grow, a cavity in bone which must otherwise be filled with blood, in which organisms might very readily grow, especially if they are present in other parts of the body.

I published this method of treatment in the *Lancet* of July 15th, 1893, under the heading "One of the best applications of iodoform in surgery." In it I described the two earliest cases in which I applied it and in these with complete success. One was a girl, aged 10, who, early in June, 1893, was suffering from a very extensive tubercular periostitis of the orbital, temporal and zygomatic fossæ on the left side, and in the right knee-joint had a cavity in the lower end of the femur which occupied a great part of both condyles, though nowhere had it extended through the articular cartilage, which in some places formed its sole boundary. It was open anteriorly where it communicated with a collection of tubercular material which bulged the synovial membrane forward, producing a condition which, when regarded superficially, resembled very closely an ordinary tubercular synovitis. The tubercular contents of the bony cavity with the material beneath the synovial membrane were thoroughly removed, the cavity in the bone was firmly plugged with sterilized iodoform, the incision in the synovial membrane was carefully closed with a fine silk suture, the edges of wound in the skin were accurately approximated, and a permanent dressing was applied under which perfect union took place. The condition about the base and side of the skull was also treated as effectually as possible by scraping and the introduction of glycerine and iodoform. Early in 1894 the girl again came under my care, in order that I might improve the position of the eyelids, which had become displaced and deformed by the presence of a sinus in the outer part of the orbit. At that time the periosteal trouble in the head was much diminished in area and was greatly benefited by the local use of sulphur. Except for the presence of an ill-defined cicatrix in the skin, the knee was to all appearances as good as its fellow. Movement was perfect, forcible pressure on the bone caused no pain or tenderness whatever, and there was no thickening or irregularity to be observed in the outline of the condyles.

The second case was a little boy on whom I operated early in April, 1893. He had very extensive disease of his ankle-joint, all the cartilage on the tibia being destroyed together with that on the upper surface of the astragalus. Almost the whole of the interior of the astragalus was converted into a mass of caseous material with pieces of necrosed bone. This was all thoroughly scraped out, when it was found that the wall of the cavity in the astragalus was intact below and laterally. There was a little roll of pulpy synovial membrane in the posterior limit of the subastragaloid joint; but

beyond this portion which was removed the articulation was apparently free from disease. The cavity in the astragalus, together with deep excavations in the lower end of the tibia, were firmly plugged with iodoform, the surface of which was in each case flattened and bevelled so as to resemble in form and outline the normal articular surface. The skin wound healed rapidly and firmly. The boy is still under observation. The foot feels perfectly normal, and I did not allow him to walk till two years had elapsed and I felt certain that the thin-shelled very imperfect astragalus was sufficiently filled up by bone to permit of its transmitting the boy's weight.

I have adopted this method on very many occasions since, and it has enabled me to erase a joint and to retain the limb in its full length, whereas I should otherwise have been obliged to excise it, leaving the patient disfigured by a thick boot and depreciated physically to a very considerable extent by the progressive shortening of the limb.

6. In extensive tubercular disease of such a joint as the hip, where there is much destruction of bone and extensive burrowing of abscesses into the pelvis, erasion or excision, however perfectly performed, too often fails to stay the spread of the condition, and it may become necessary to remove the limb to do it. This is also occasionally the case in disease of the spinal column, the sacro-iliac synchondrosis and the tarsal bones, and it is especially true where the wound has become fouled by the bursting of abscesses or by the knife of the surgeon. In such cases, after a variable proportion of the diseased tissues have been removed, there frequently remains enough to continue its growth, even though iodoform is freely used.

Feeling much dissatisfied with the result of the ordinary methods, I looked about for some non-poisonous drug, which, being acted upon by the living tissues, would produce more powerfully germicidal agents than those that result from the decomposition of iodoform. It seemed to me that sulphur was such a drug. The advantages I have obtained from its use largely exceeded anything I expected, and it has enabled me to save many limbs and many lives which I could not otherwise have done. In fact, since I have used sulphur I have hardly ever been called upon to amputate for tubercular disease of a joint or joints.

Perhaps I cannot do better than follow out the same course I adopted in the case of plugging cavities in bone with solid iodoform, and relate the history of the two first cases in which I used sulphur. These were published in the *Medical Week* of December 8th, 1893, in a paper entitled "How far is sulphur likely to be of service to the surgeon?"

Before doing so, I will state the conclusions at which I had arrived, which I summarized in that communication.

a. Sulphur appears to exert no deleterious influence on the health of the patient.

b. It gives rise to products, which are powerfully caustic in their action, so that the drug must be used in small quantities and with discretion. The most active agent produced is apparently sulphuric acid.

c. It destroys all organisms, whether free in a cavity, or invading the surrounding tissues.

d. It acts more powerfully upon recently incised structures than upon granulating surfaces.

e. Its action is rendered more uniform and general, and less violent, by mixing it with glycerine.

f. If the drug be used in any quantity it must be removed within a very few days. Twenty-four hours is usually quite sufficiently long for the sulphur to produce its destructive action in a recent wound. In some cases it may be necessary to scrape away the sloughs together with the remaining sulphur, but as a rule packing the cavity with sterilized iodoform gauze is sufficient, the wound being subsequently retained in an aseptic state by suitable precautions.

Case 1 was a little girl, aged ten years, who was operated on in the Hospital for Sick Children on September 9th, 1893. She was suffering from disease of the hip-joint with extensive destruction of the head of the femur, the acetabulum, and the bone in its vicinity, with much pocketing of pus and curdy material in the pelvis and about the joint. On October 11th the caseous material and the diseased bone were scraped freely away, and the abscess cavity cleared as thoroughly as possible. The disease was so extensive that, in my experience, it was most improbable that with or without the use of iodoform it would have subsided under this treatment alone. Consequently, after sterilizing a quantity of sulphur and using it freely as one uses iodoform, I rubbed some into the scraped surface of bone where I feared that the carious bone had been imperfectly eradicated. More was also rubbed into the walls of the abscess cavities, both within and without the pelvis. A drainage-tube was introduced, and removed at the end of forty-eight hours. The thigh was fixed in a position of rest, the foot forming an angle of 45° with the vertical, so that the stump of the head, or rather of the neck, of the femur

rested on the anterior portion of the excavated acetabulum. When the tube was removed, a faint odour of sulphuretted hydrogen was perceived.

The case followed the usual course of an aseptic wound till October 25th, when the temperature rose to 100·5°. The wound was dressed on the 26th, when the same smell was perceived. The temperature varied till the 30th, when it was 99°. On dressing it on that day—eleven days after the operation—the edges of the skin were found to be sloughy and the smell of sulphuretted hydrogen was very distinct. I therefore determined to observe the condition of the interior of the wound. On opening it up I found that the muscles, skin, fat and bone had undergone a similar destructive process, the surface of the bone being blackened and evascular, the muscles and fat soft, dark, friable and bloodless. Though the destructive process was very extensive, there was no external evidence of it, nor did the temperature afford any indication of its presence. The altered bone and soft parts were carefully removed together with any sulphur that remained, and the cavity was abundantly irrigated. This process was repeated daily, the wound progressing most satisfactorily. By November 15th, except for a very small superficial granulating patch, the wound had healed completely. Of course it is obvious that in this case I did far more damage with the sulphur than the condition of the case necessitated, but I had no idea that such an extensive destructive process would result from the presence of the sulphur.

The girl came under my care again at the Hospital for Sick Children; in consequence of an injury, she developed extensive tubercular disease of the ankle, the subastragaloid joint and the os calcis, two discharging sinuses were found. With sharp spoons I cleared away as much of the diseased structures as I could after freely exposing the parts, and introduced sulphur and glycerine freely. The foot is now quite well.

Before passing on to the next case, I will call your attention to the great importance in destructive disease of the hip-joint or in surgical operations upon it, as well as in solutions of continuity of the lower extremity, of allowing the leg to rotate outward into its normal position of rest, in which the inner margin of the foot forms with the vertical an angle of 45° more or less, varying with the age, occupation and habits of the individual. If I had followed the ordinary custom, and had in this case retained the thigh in such a position that the foot was vertically placed, a dorsal dislocation and a very imperfect mechanical condition would have resulted, very much to the disadvantage of the patient. This principal I described and discussed fully in a paper on the Transactions of the Clinical Society, 1893, entitled "A new method of treating old unreduced dorsal dislocation of the hip-joint," and in another read before the British Medical Association the same year, entitled "The fallacy of the vertical footpiece," and to these I would refer you for further details on the theory and mechanics of this very important point.

Case 2 was a child aged seven years, who was operated on at the Hospital for Sick Children on September 22nd, 1893, for advanced and rapidly progressive disease of the elbow-joint, the bones being affected very extensively indeed. After careful erasion of the synovial membrane and very free removal of the diseased bone by sharp spoons and gouges, sterilized sulphur was used, as in the first case. Swelling of the elbow ensued, and a distinct odour of sulphuretted hydrogen was observed. The same result occurred to a certain extent in this as in the former case, though in Case 2 I did not allow the sulphur to remain in the wound so long as in Case 1.

On the 30th of September—seven days after the operation—the joint was re-opened and cleared of the sulphur and of the bone and soft parts, which had been altered very extensively by its decomposition. The subsequent progress of the case was most satisfactory, the wound healing rapidly and firmly. I intended, if sufficient movement were not obtained, to excise subsequently when recovery was perfect. I saw this boy a few days ago and he has a thoroughly useful arm, the elbow-joint allowing a limited amount of movement. I do not propose doing anything further to it.

I need hardly point out that the powerfully germicidal action that follows upon the decomposition of sulphur by the tissues is not applicable solely to the treatment of tubercular disease, but that there are many analogous conditions in which it is quite as suitable. I will not do more than allude to them here, since you will find it used very freely in the hospital for such purposes.

6. In the adult affected with tubercular disease of a joint it is sometimes wiser to excise than to erase. This is particularly true in case of the knee-joint, and especially if the disease is extensive, since a firm limb is

obtained within a short period of time and the amount of shortening is only sufficient to permit of the limb being swung conveniently during walking. The chances of obtaining a movable knee after an erasion in an adult must be very small, and an excised knee-joint causes less discomfort and affords a much more secure and reliable mechanism than a knee-joint in which ankylosis is incomplete and fibrous union has resulted.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Respiratory System.

MARY	2.	Phthisis.
	27.	Acute pneumonia.
	56.	Empyema.
	57.	Broncho-pneumonia.
STEPHEN	3, 19, 26, 27.	Phthisis.
	7.	Pneumonia.
	12.	Capillary bronchitis.
	15.	Pleuritic effusion.
	18.	Hæmoptysis.
	22.	Pleurisy, tubercular.
	36.	Pneumonia and pericarditis.
PHILIP	14.	Phthisis.
	15, 26.	Pleuritic effusion, etc.
	27.	Hæmoptysis.
	37.	Malaria and phthisis.

Circulatory.

MARY	9, 14.	Mitral stenosis and regurgitation.
	11.	Mitral and tricuspid regurgitation.
	43.	Aortic and mitral disease.
	49.	Cardiac.
STEPHEN	6.	Dilated heart.
	20.	Thoracic aneurysm.
	21.	Aortic stenosis and regurgitation.
	36.	Pneumonia and pericarditis.
PHILIP	8.	Rheumatic fever. Mitral diseases. ? Aortic regurgitation.
	17, 35.	Aortic disease.
	32.	Mitral disease.

Nervous.

MARY	6.	Hysterical paraplegia.
	23.	Chorea.
	34.	Tuberculous meningitis.
	44.	? Cerebral.
	50.	Hysteria.
STEPHEN	11.	Multiple neuritis.
	23.	Lead colic and peripheral neuritis.
STEPHEN	32.	Locomotor ataxy and ulcerative colitis.
	39.	Anterior poliomyelitis.
PHILIP	5.	Wasting, melancholia.
	10.	Hemiplegia.
	30.	Tremors. Plumbism.
	31.	Compression paraplegia.
	38.	Sciatica and caries of spine.

Abdominal.

MARY	4.	Chronic peritonitis. ? Growth.
	25.	Lead colic and gastric ulcer.
	26.	Dilated stomach and moveable kidney.
	36.	Mucous colitis.
	45.	Cirrhosis.
	47.	Tumor abdominis. Laparotomy.
STEPHEN	14.	? Cirrhosis.
	17.	Tumor abdominis. ? Pancreatic.
	23.	Lead colic and peripheral neuritis.
	32.	Locomotor ataxy and ulcerative colitis.
PHILIP	15.	Tuberculous peritonitis. Pleuritic effusion.
	16.	Appendicitis.

Urinary.

MARY	5.	Subacute Bright.
	16, 18.	Puerperal Bright.
	26.	Dilated stomach and moveable kidney.
	41.	? Renal.
STEPHEN	30.	Renal calculus.
	37.	Chronic Bright.
PHILIP	11, 28.	? Acute Bright.

Specific Fevers.

MARY	7, 8.	Enteric.
	17, 42.	Rheumatic.
STEPHEN	9.	Rheumatic.
	16.	Enteric.
PHILIP	8.	Rheumatic, etc.
	37.	Malaria, etc.

Bones and Joints, etc.

MARY	17, 42.	Rheumatic fever.
STEPHEN	2.	Gout.
	9.	Rheumatic fever.
PHILIP	8.	Rheumatic fever, etc.
	21.	Acute gout.
	22.	Rheumatoid arthritis.

Cutaneous.

MARY	19.	Eczema.
STEPHEN	10.	Eczema.
PHILIP	18.	Erysipelas.
	20.	Eczema.

Miscellaneous.

MARY	38.	?
STEPHEN	1, 5.	?
PHILIP	34.	Sporadic cretin.

In the Surgical Wards.

Cases under Mr. Davies-Colley.

Cornelius	1.	Colles's fracture. Scalp wound.
	3.	Ruptured varicose vein.
	7.	Foreign body (cherry stone) in bronchus.
	9.	Excision of eyeball.
	10.	Fractured patella.
	17.	Concussion. Hæmaturia.
Lydia	4.	Puerperal mastitis.
	5.	Right inguinal hernia.
	7.	Cut wrist. Tendons divided.
	8.	Carcinoma mammæ.
	17.	Foreign body in external auditory canal.
	21.	Saucer depression of skull. (Child of fourteen months).
	Cot.	Fractured femur.
Luke	6.	Necrosis lower end of femur.
	7, 19.	Inguinal hernia.
	10.	Epididymitis. ? Tuberculous.
	12.	Umbilical hernia.
	14.	Syphilitic osteitis, etc.
	15.	Fistula in ano.
	16.	Recurrent appendicitis.
	18.	Tuberculous caries of ribs.
	21.	Strumous dactylitis (hand and foot).

Cases under Mr. Lucas.

Lydia	11.	Right pulpy knee.
	13.	Spinal caries.
	Cot.	Scald.
	Cot.	Naevo-lipoma of neck.
Job	5.	Carcinoma recti.
	8.	Congenital inguinal hernia.
	17.	Left varicocele. Left inguinal hernia.
	18.	Hammer toe.
	21.	Varicocele.
Charity	2.	Ganglion on dorsum of foot.
	3.	Tuberculous knee-joint.
	21.	Puerperal mastitis.

Cases under Mr. Golding-Bird.

Martha	3.	Tumour of breast. ? Cyst. ? Scirrhus.
	6.	Lipoma of neck.
	19.	Adenoma mammæ.
	22.	Sacro-iliac disease.
Lazarus	5.	? Sacro-iliac disease.
	6.	Recurrent appendicitis.
	10.	Deformity after fracture.
	17.	Sacro-iliac disease.
	20.	Varicose veins.
	21.	Hydrocele.
	22.	Rodent ulcer.

Case of Cerebellar Abscess.

F. H., æt. 18, a bricklayer's labourer, was admitted into Job ward on April 29th suffering from severe pain behind the left ear and in the occipital region and from left otorrhœa. Eighteen months previously he had been struck on the head by a piece of wood, and for several days afterwards he suffered from severe ear-ache, which eventually disappeared, leaving him with a chronic discharge from the left ear and slight deafness. This condition remained unchanged until the early part of April when the otorrhœa became worse, and he had frequent attacks of headache, shivering and giddiness. Finally he came up to the Hospital and was admitted.

On admission.—Temperature 99·2°; pulse 96; respiration 26. Patient had a profuse discharge from the left ear, and very severe headache, but no incoordination or vomiting. Pupils equal, and reacted to light and accommodation. Mastoid abscess was diagnosed, and on April 30th an anæsthetic was given and the bone over the mastoid antrum on the left side was gouged away and found to be carious. This was scraped and the cavity packed with iodoform gauze, etc. The wound was dressed daily, but patient still complained of severe occipital headache, and became very listless and drowsy. Two days after the operation his temperature became subnormal, his pulse slow—varying from 56 to 76—and he gradually became more listless and emaciated. Nothing abnormal was noticed about his respirations, which varied from 16 to 24 per minute.

On May 9th patient had slight nystagmus and early optic neuritis on the left side, but no paralysis, vomiting or rigors. Abscess of the brain was diagnosed and confirmed by Dr. Shaw.

10th. Patient was taken to the operating theatre and A.C.E. administered. After carefully shaving and cleansing the surrounding parts, Mr. Lane extended the former incision backwards, and removed a piece of bone about three inches by two inches, by means of the gouge and forceps, exposing the dura mater, above and below the tentorium, and part of the lateral sinus, which was found to be healthy. He then introduced a small trocar and cannula through an incision in the dura mater, above the lateral sinus into the tempero-sphenoidal lobe of the brain, but no pus exuded. An incision was now made in the dura mater below the lateral sinus, and a trocar and cannula introduced into the lateral lobe of the cerebellum, when about an ounce of very foul greenish-yellow pus exuded. The cannula was replaced by an indiarubber drainage-tube, the outer end of which was stitched to the skin (through which it protruded), and covered with iodoform gauze, etc. Patient was dressed every day, warm boracic lotion being syringed into the cavity, and the drainage-tube taken out, boiled and replaced each time. A small amount of foul pus drained away for a few days, and on the twelfth day after the operation the drainage-tube was removed. Patient improved rapidly, his pulse and temperature became

normal the day after the operation, and his headache and drowsiness disappeared shortly afterwards.

26th. Patient was able to get up after dinner, and has since made an uninterrupted recovery.

C. R. H.

Bandages in Anæsthesia.

"COME at once; the man's nearly dead," was a summons I received one day, about five minutes after the completion of an operation by Mr. Howse for tuberculous testis. The man, sure enough, had nearly desquamated his mortal coil, and what was the reason?—a tight, though not very tight, abdominal bandage. When this was cut the man started slow deep respirations, and with the help of strychnine gradually came round.

On another occasion I was giving A.C.E. to a little girl on whom Mr. Lane was going to perform some nasal operation. She was just getting into the third stage of anæsthesia, when suddenly her pupils dilated and she stopped breathing. By artificial respiration we brought her round, the operation being mostly abandoned. Then I found that she was all bandaged up over the chest for a broken clavicle.

These are not the only instances in which I have found the extreme danger of a bandage round chest or abdomen when a patient is anæsthetised or otherwise unconscious. And yet very little notice is taken of this in ordinary routine. Dressings are frequently applied firmly before a patient has anything like come round from the anæsthetic, and perhaps still more frequently put under with a bandage—fixing a compress—still in position. One rarely sees the bandage cut before the anæsthetist begins. I learnt the danger by at least two very narrow escapes from fatal accidents, and I think the dangers that arise from anæsthetics are not sufficiently emphasised in these days of their frequent administration.

It is possible that some of the apparently unaccountable deaths under anæsthetics may have been due to an overlooked bandage. When the respiratory centre is working without any higher control it is very easy to stop it mechanically. Though the centre can act automatically, as shown by various experiments, such as cutting the cord just below the medulla and both vagi, when the movements of the alæ nasi are seen to still continue, in all probability this automatic action is not used under normal circumstances, respiration being carried on by a series of reflex acts. We know that all reflexes are progressively weakened by anæsthetics, and possibly under their influence the relatively weak automatic centre has largely to maintain respiration.

If anyone has tried running in a light jersey that catches the chest each time he tries to take a deep breath, or has spent a night with a tight abdominal bandage preventing sleep, he will sympathise with me, and also more readily appreciate the danger of tight bandaging in anæsthesia.

E. C. TAYLOR.

Guy's Hospital Christian Union.

THE first anniversary of the Missionary Society was held in the Court Room on June 9th, at 8 p.m. Tea and coffee were provided in the Board Room by the kindness of the Treasurer, Mr. Lushington. About seventy of the nursing staff and students were present to hear an interesting address by the Right Reverend the Lord Bishop of Mashonaland (W. T. Gaul). J. N. C. Davies-Colley, Esq., F.R.C.S., was in the chair. After a hymn had been sung, the Chaplain offered prayer.

Mr. DAVIES-COLLEY, after calling attention to the fact that no one could be better informed than the Bishop about the affairs taking place in Mashonaland at the present moment, which were creating so general an interest throughout England, asked the Bishop to deliver his address.

The BISHOP said that he always had taken interest in hospital work, having been in close touch with it in Kimberley, and he referred to the splendid work Dr. Jameson had done for Africa, both in civil organization and in medicine. On the east coast of Africa there was a rising port called Beira, and this formed the most important easterly limit of his diocese. To travel to Bulawayo, the largest westerly town, it was necessary to go by boat and coach, the journey lasting some seven days and nights and costing about £30. His diocese therefore measured about 1,500 miles across. The Zambesi river bounded it on the north, and the Limpopo river on the south. The climate of the country was varied. In some parts it was like a glorified Wales, while in other parts, as Mashonaland proper, it was entirely pastoral, and the grass sometimes grew from eight to ten feet high. The first white man to enter this stretch of country was Hartley, a hunter, whose family went to Africa amongst the settlers of 1820. Lobengula as a rule did not allow white hunters in his territories, as he said if they found gold he would not be able to get rid of them again, a remark which contained a good deal of truth. Perhaps the greatest of the few hunters allowed to penetrate this country was Selous, who was greatly respected, and was known by the natives, who called a man by his chief characteristics, as "The man who never tells a lie." These hunters were extremely brave and simple men, and did most useful work amongst the natives, but it was not until 1888 that missionary enterprise was first started in the eastern part of the country. The Society for Propagating the Gospel made a grant, and some missionaries were sent out. These had now been reinforced, and considerable progress was being made by continued perseverance.

The common idea of a missionary wearing a broad-brimmed straw hat, sitting under a palm tree and eating bananas was entirely wrong. Missionaries had to work, and to work hard. Their central principle was first to reach the whites and then the natives. The great curse with the natives was drink, and in Kimberley the drunkenness used to be terrible, but now no alcohol in any shape or form was allowed to be sold to the natives.

The natives themselves were delighted at the law which secured this enactment, for, as they put it: "We are only children; you are wise and strong; we can't say 'No' to the Devil; you can." The chief of a tribe reserved the privilege of getting drunk to himself, but hoped we would keep drink from his people. As to slavery, there were still mongrel Arabs and half-caste Portuguese, very unlike in character to the European nation, who formerly made raids, devastated the country and captured slaves. These wretches, he was thankful to say, were being "eaten up" before the English, as nothing could be done to restore peace and order until the system of slavery and knavery was destroyed.

But it was a striking fact that since he had been in Africa, every native race under British rule had increased in numbers, a fine testimony to the benefit conferred by British civilians.

The Bishop then went on to state the needs of his mission. They were in want of money and workers. For one thing it was necessary for him as Bishop of the diocese to have a house in which to receive guests. At present he had not even a house to live in, but had to content himself with the vestry of his church. The workers ought to be among the best men and women in England—men who would burn their ships behind them, and march forward at whatever cost. He appealed to those present that some of them would devote themselves to the noble work. He touched on the characters of the natives—how like they were to those of our own race; the women for instance had their fashions in their hair-dressing and the colour of their raiment. In fact, the sights he saw in Oxford Street the other day made him exclaim, "Dear me! how like Mashonaland." The Matabele people were essentially a warrior nation; while the people of Mashonaland were industrious and peace-loving. The Matabele were originally Zulus who invaded the country, drove out the former inhabitants and settled there. His plan of action when he went out to Mashonaland again would be to establish four strong missionary stations, with a medical mission attached. There was already one hospital in connection with the Mission, at Umtala, controlled by the "Sister Emily." He laid special stress on medical missions, as he was convinced that they could dispel the faith of the natives in the horrible practices of witchcraft. But their chief work was undoubtedly that of medicine and surgery, for which there was splendid opportunity of experience, the most common diseases being ophthalmia and leprosy. He wanted £5,000 to work this scheme, and he hoped that some Guy's man would go out and join him in his work, if only for two or three years.

In reference to obtaining money for charitable purposes, and to the Hospital appeal, he said that we were too prone to go down on our bended knee and beg for help. This was not right; we ought to pray to God only, and then go and demand rather than beg of the rich millionaires in London the paltry sum of £500,000 for the re-endowment of Guy's Hospital.

Finally, he commended to the prayers and interests of those present the noble and glorious cause for which he was working.

Mr. DAVIES-COLLEY was very grateful for the information given by the Bishop, and wished him every success in his noble work. He then called upon the Hon. Sec., Mr. A. W. Ormond, for his statement, which was as follows:—

Mr. Chairman, my Lord Bishop, ladies and gentlemen: It is with much pleasure we record that the Missionary Society, as at present constituted, has reached its first birthday, having been inaugurated in the month of June, 1895. During the past year, speakers from abroad have addressed us and meetings have been held in every sessional month; notice of these has been sent to every enrolled member and announced from time to time in the GAZETTE and elsewhere. The affairs of the Society are administered by a committee, consisting of representatives of both the nursing staff and the students. We are pleased to announce that the committee remains almost exactly the same as last year, so we shall have the benefit of their experience in our administration for the coming year. The number of enrolled members has steadily increased, but the total number should be very much larger, and I would earnestly appeal to all those present not to leave this meeting without giving in their name, either to Sister Charity or one of the committee.

The rules of enrolment are short and simple:—

1. Membership of the Missionary Society is open to all members of the Guy's Hospital Christian Union, and to all persons connected with Guy's Hospital.
2. Members are expected to—
   (*a*) Pray regularly for the work of foreign missions, and
   (*b*) To endeavour to make themselves intimately acquainted with the work of some one mission.
3. That members pay a minimum subscription of one shilling per annum.
4. That a portion of the money collected by subscriptions be expended in missionary books and periodicals.

The thanks of the Society are due especially to the Treasurer and Staff of this Hospital, who by their personal interest and sympathy have smoothed away many difficulties that have beset our path. The funds of the Society are expended in assisting members of the Society who leave for the foreign mission field, collections being made at all our larger meetings. Again, I would ask all present to strengthen the hands of the Society by their sympathy and support, which they can best show by becoming enrolled members and attending our meetings.

The Annual Report will be printed and distributed to every member, but owing to the necessity of curtailing the length of our meeting, it will, I think, have been spent better in listening to our chairman and the Bishop of Mashonaland.

The New School Buildings.

IT is now generally known that still further additions to the buildings of the Medical School are in course of erection, and will probably be ready for occupation next summer. The work of excavation, commenced in January, was, owing to difficulties with neighbouring owners of property, suspended for a time, but is now completed and the foundations are in. The actual building, for which the contracts are signed, may be looked upon as the south wing of what is ultimately destined to be the Medical School Building of Guy's Hospital. This imposing structure, of which the plans and drawings have been made by Mr. J. H. J. Woodd, is intended to occupy almost the entire length of the park at its western boundary, that is, facing, and nearly parallel with Hunt's House. When completed, it is to afford accommodation for the Museums, Theatres, Laboratories and Dissecting Room, thus allowing the present museum block to be pulled down, and providing a broad sweep of turf from the back of the Clinical Building to the houses in Newcomen Street. Whatever may be thought of the enthusiasm of those who believe that a munificent benefactor may shortly be found to enable this great improvement to be brought about, the wisdom of making the immediate additions to the school buildings a part of some such complete scheme will be generally recognised.

Before attempting to describe the accommodation which is to be provided in the portion of the new building now being erected, it will be well to explain how the money for the purpose has been obtained. This is the more necessary as the opening of the new buildings is coincident with the publication to the world of the poverty of the Hospital and a vigorous appeal for public support. It is not generally known that the finances of the Hospital and of the Medical School are entirely separate, though the justice and necessity of such an arrangement will be at once recognised when it is pointed out. The public not unnaturally demand that money subscribed to the Hospital to open beds closed for want of funds shall not be used to provide laboratories, however necessary these may be. It is well, therefore, that it should be known that the money to provide the new buildings has been raised by a loan, the repayment of which becomes a charge upon the fees paid by students for their medical education. The remuneration received by the lecturers and demonstrators is thereby lessened, but the funds of the Hospital itself are not one penny the worse. Whether the public will ever recognise any responsibility for assisting medical education in London by providing laboratories and endowing lectureships is an important question which has already been raised in these columns, but cannot be entered into now. The fact was patent that more accommodation for practical teaching was required, and this accommodation will almost immediately be provided at the cost of present and future teachers in the Medical School. The site of the new school building now being constructed is in the extreme south-west corner of the park, extending to and including one of the recently erected fives courts. Thus placed it will cause the least possible encroachment upon the open space available for convalescent patients.

On the ground floor of the building is a large theatre, which with its gallery will accommodate 400 people. It is lit by a skylight, and is provided with five entrances. Mr. Kirkland has bestowed much attention upon the question of ventilation and heating, and it is believed that the soporific influence of carbonic acid to which is generally attributed the somnolent condition of a certain number of students at most lectures, will be reduced to a minimum. It is proposed that the weekly clinical lectures on medicine and surgery shall be delivered here, and special arrangements have been made to suit the requirements of the lecturers on physiology. The theatre can easily be darkened so that lantern slides may be shown upon the screen, a method of illustrating lectures which seems likely before long to replace the time-honoured diagram. The Physical Society will naturally seek to hold its first meeting each session in the theatre, since it will accommodate nearly twice as large an audience as the present anatomical theatre, which has for some years been uncomfortably crowded on these occasions. On this floor will be provided two class-rooms suitable for revision classes, the rapid multiplication of which in recent years has sorely taxed Mr. Betts' efforts to arrange for meetings between the demonstrators and their pupils. The rest of the space is devoted to lecturers' private rooms, heating chambers, and a gas engine to provide the motive power for the centrifugal machine, drums and other physiological apparatus.

On the first floor is a large practical class-room, fitted with chemical benches, and destined for the practical study of chemistry as applied to physiology and pathology. It is capable of accommodating about 100 students. Here, too, are the chemical preparation room, the gas room, and other small rooms for the use of the Demonstrators of Physiology.

On the second floor is a practical class-room, similar to that on the first floor, but lit by a skylight in addition to its windows, and intended to be used for practical instruction in histology, both normal and morbid, as well as in experimental physiology. On the same floor is the experimental preparation room and private laboratories for research work in physiology and allied subjects.

From the above description it will be seen that it is the physiological department which will, in the first instance, be the greatest gainer by the new buildings, though of course many other departments will find much advantage from the vacation by the physiologists of the laboratories and class-rooms they at present occupy in the museum buildings.

ACKNOWLEDGMENTS.—We have to acknowledge corresponding publications from St. Mary's, St. Bartholomew's, St. George's and the Royal Free Hospitals, and the fortnightly numbers of Pediatrics.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Lamentable Ignorance of Ward-Clerks.

SIR,—During the past decade surgery has made rapid advance which I venture to assert may be largely attributed to the antiseptic precautions first introduced by Sir Joseph Lister. Now, in my opinion, everyone who takes part in operative surgery should possess a sound knowledge of the principles of antisepsis, nay, I would go further and say of asepsis as well. Between antisepsis and asepsis there is considerable practical difference; the methods of the former can be learnt during the ordinary ward work, but the latter for its due performance requires a knowledge of bacteria and the means we have of excluding them. Considering the vital importance of these principles and their practice, and the lamentable results which occur from neglect or ignorance of them, I would suggest that the surgical ward-clerks should have to attend a course of instruction in these two subjects.—I am, yours truly, LEUCOCYTE.

[N.B.—It may be observed the writer of the above letter is not and never has been and never will be one of those phagocytic individuals vulgarly known in the Hospital by the above name. We say this for their comfort and our own security. Junior members of a "firm" whose name is taken in vain are apt to be eosinophilous and explode.—ED.]

The Re-Endowment Fund.

The Secretary to the Treasurer desires to tender his most sincere thanks to those willing workers who so generously came forward and co-operated with him in furthering the great cause all have at heart. Although the amount announced by H.R.H. on the 10th inst. was not so large as had been expected by some, yet it was considered by those who have had experience in extracting money for Charity, that we should be grateful for even this modest instalment towards re-endowment.

Some little delay has arisen in sending receipts to donors, in consequence of the large number received within the last few weeks. The list when published will contain between seven and eight thousand names, and it is hoped that our friends, who have been good enough to send in their collecting books, will "to our faults be a little blind" if they find any names misspelt, as the deciphering in many instances has been very difficult. Receipts will be sent as quickly as possible.

It will be within the recollection of many that the department for the collection of subscriptions did not get to work till the end of October, 1895, and between that date and the 10th June, 1896—a little less than eight months—the Hospital is the richer by some £167,000. Much still remains to be done, but there is no doubt that in time, if the workers remain firm and true, the whole half million will be raised, and Guy's will be safe for hundreds of years to come.

The Secretary to the Treasurer deeply regrets the inconvenience, annoyance and loss suffered at the Institute on the 10th by a very large number of Subscribers, through the insufficient arrangements made by those responsible. It was bitterly disappointing to those who had laboured so hard for the success of the Fund, to have the value of their work thus discounted. The purpose of the Reception was to cement the goodwill of our new friends. If therefore it should unhappily have resulted in alienating that goodwill in any degree, then an irreparable injury will have been done to the cause of the Hospital. For the sake of that cause which should triumph over every other consideration, the Secretary to the Treasurer earnestly asks any who may feel injured, to have short memories for the unpleasant side of an occasion which, on the whole, was unquestionably a splendid success.

A list of "lost property" found in the cloak room after the departure of the guests, may be seen at the office.

The Garden Fête in the grounds of Mr. A. Lafone, at Hanworth Park near Feltham, will be held on Tuesday, Wednesday and Thursday of next week. The Fête will be open from 2.30 p.m. to 10 p.m. on each day, and the programme is simply full of good things, including the Band and Military Display of the 4th Hussars and a long list of distinguished performers, not least of whom are the "Dis-Guysed" Minstrels. A special train will leave Waterloo for Feltham at 2.10 p.m., *via* Richmond and Twickenham, and there is another from Waterloo at 2.30 (loop line), *via* Putney, Barnes, Chiswick, Kew Bridge, Brentford, Isleworth, Hounslow.

From the Gazette's Special Pathologist.

NOTICES.

J. R. A., SHERBORNE.—Reaction, very faintly alkaline. Sp. gr. 1008; sugar absent. Albumen, small amount. Microscopic examination of the deposit obtained from the centrifuge showed the presence of a few hyaline tube casts. Granular leucocytes in slight excess, a large quantity of squamous epithelium, and some crystals of the triple phosphates were also noted. The condition of the urine suggests granular kidney.

F., COLCHESTER.—Dr. Fenn's specimen has been received with thanks. There is no sign of malignant disease originating in the uterine fibroids.

A. R. T., ST. LEONARDS.—The growth in the tongue is a squamous-celled epithelioma, which is ulcerated on the surface and invading the muscular substance beneath. It appears to have been completely removed.

PATHOLOGIST.

Passim.

THE Festival has come and gone and been fitly recorded in a special number of this usually unpretentious organ of the press. For once we forgot ourselves. The very paper of which our main bulk was composed assumed a stouter, glossier, and more dignified appearance. The printer's ink confined itself no longer to the hard and dry facts of detail in the routine of hospital life, but spread itself out in broad generalities and magnificent stretches of memory and imagination. We did away for the time with the rags of medical publicity which form our natural habiliment; we tricked ourselves out with ornaments and various signs of festivity, covered ourselves with a particoloured cloak of which we were surpassingly vain, and offered ourselves complete to the public at four times the ordinary price.

WE regret that in completing our toilette for the great occasion we were compelled to omit many brilliant literary jewels which had been prepared for the occasion. We must accordingly tender our apologies to those artificers who so kindly undertook to do work which thus appears to have been slighted; which, on the contrary, we store up as a most cherished possession, and hope to publish on some future occasion, when we may again venture to address ourselves to the larger public outside our own list of subscribers.

OUR most cordial thanks are also due, although we omitted to say so before, to Mr. F. Goulding, of Shepherd's Bush, who by heroic work during the last few weeks, bank-holiday not excluded, was able to complete the 4000 copies of the etching which were ordered, and refused, in consideration of the cause for which it was done, to accept even cost price for the material and labour employed. Signed artist's proofs on specially prepared Japanese paper may still be had for the sum of 5s. on application to the Librarian. We hope also shortly to arrange for the purchase of copies of the beautiful photographs which were reproduced, and necessarily lost tone in reproduction, in our last number.

AND now we are returned, Cinderella-like, from the ball, and find ourselves again in our old—our rather comfortable old—clothes, meditating to some extent on the events that have passed, but anxious, despite the large proportion of kicks to halfpence, to play our part again worthily, in the continuous current of life in Guy's. Among other things, therefore, we publish this week an account of the Army medical service, for which twenty-five vacancies are announced for competition in August. It is to be hoped that some really good men may come forward for that and for the Indian medical service, the examination for which is contemporaneous and conducted on the same lines. The service is not too full of good and energetic men, and it would be satisfactory if some such were to be found this year to equal or surpass the good performance of Messrs. Brereton and Statham last year.

WE would call attention to the report given in another column of Bishop Gaul's excellent and most amusing address of the Tuesday before last. Two points in it particularly struck our attention. The first was the almost unaccountable motives that urged the white hunters, earlier in this century, to make their way into the heart of Africa and to stay there for long periods of time, thus paving the way for the civilization which is now making such rapid strides. The second, was the excellent opportunity afforded by the Bishop's suggestion of working for two or three years only, under rational methods, in Mashonaland, where a unique surgical experience and good as well as bad climates are to be had, and a great deal of good may be done by men who, for one reason or another, cannot leave England for a longer period of time.

WE are glad to note the appointment by the Royal College of Surgeons of Dr. Stevens in Biology, Mr. Lucas in Human Anatomy, and Dr. Starling and Mr. Jacobson in Physiology and Human Anatomy respectively for the Fellowship, as examiners for the ensuing year.

EXAMINATIONS for prizes and medals for the last time under the existing system ended last Monday, and the paper of winners and the appointments sheet for the next quarter is daily, almost hourly, expected. We hope shortly to publish an account by the Dean of the School of the new arrangements of examination for prizes and medals in the future.

OUR column of Recent Innovations, initiated in our last number by an excellent account of

Lysol, is continued in the present number by a most interesting article on Re-statistics of treatment with diphtheria-antitoxin. Our results in Guy's have certainly been astoundingly good, and the difference between the decreased mortality, due to the use of the antitoxin at Guy's and at the fever hospitals, is a marked proof of the good result of good attendance and careful nursing.

DR. PITT is giving clinical lectures on Wednesday at 1.45, and Mr. Lane on Friday at 1.30.

ON Thursday last some fifty men and more took advantage of the arrangements kindly made by Dr. Savage, and paid a visit to the enormous Idiot Asylum at Darenth, near Dartford—a visit which proved not only pleasant, but also extremely interesting—and as we should like to give a short account of the Asylum, for which there is no time before going to press, we will reserve at the same time an account of the expedition and the formal votes of thanks that are due to the genial hosts who entertained the party.

To return for a moment to the inevitable subject of re-endowment, we would call the attention of our readers to the fact that a list of lost property, including one golosh and various other items, is kept in Mr. Wells' office, where application for it should be made. The fates, it must be admitted, were not propitious as regards the great Reception, on Wednesday the 10th, and much hair and sundry false teeth are said to have been found subsequently strewing the floor of the temporary cloak-room. One gentleman's state was, indeed, much to be pitied, for, as he remarked, it was not the mere loss of his umbrella—an old and foraminiferous specimen—to which he took objection, but the fact that there was no other which he could find to take in its place.

THE energetic had prepared themselves well for the great dinner and other refreshments at the Imperial Institute by exertions herculean and otherwise at the Hospital Sports on the previous day. This annual fixture was held for the first time at Honor Oak Park, and the change met with universal approval on account of the greater privacy and increased comforts of our own ground. Performances were of course not so good, in the absence of Munro, Bell, Lowe, Scott, and the other giants of recent years; but in Sime we have found a latent sprinter of considerable merit, while F. E. Walker shows that he is possessed of splendid pluck, if not also of speed, and Baker is gradually improving at the longer distances.

AS Lowe, untrained as he is, will fortunately be able to run for us in the United Hospitals' Sports at Stamford Bridge on Wednesday next, we may possibly win the hurdles, although Allfrey, of St. Thomas's, the old Cambridge blue, is a very dangerous opponent. If so, there is just a possibility of our retaining the cup, although it looks as if it would most probably go to St. Mary's, who lost to us last year by 3 points to $3\frac{1}{2}$. Leggatt, from his magnificent performances last Tuesday, ought to win the jumps for them, and Butler should carry off the quarter, if not the half-mile also. The sprints should go to Woodyatt, of University. The mile is an open event at present, unless Finch of The London runs, and Baker will have to run hard to knock off Leaming, of St. Mary's, in the three miles. The shot and hammer should fall to Bennett of St. Bartholomew's; but we do not yet despair of Sime's or F. E. Walker's chance of converting a second place, which they should both get, into a first. Our team are training well at Honor Oak and Stamford Bridge, and we must wish them good luck in their uphill task. It is to be hoped that those who can will encourage them by their presence, their imprecations during each race, and their congratulations or sympathies afterwards. Trains from the Elephant at 1.42, 2.31 and 3.23, or from Waterloo at 2.12, 3.28 and 4.30 for Chelsea.

OUR cricket team have been doing tolerably well of late, and managed to beat London in the cup-tie by 89 runs in the first innings; but it is a pity that in this, as in the Surrey Club and Brentwood matches, our team has a wretched tendency to "rot," and the fielding is far from praiseworthy. The best performers have been Clarke and Trouncer, each with bat and ball, and Alexander, who has batted in most consistently good form. All good luck, and we hope a respectable audience will go with the team, for the match against University.

THE following letter may suggest an idea to some old Guy's men in practice:—

"I enclose cheque for £100, as promised at the Dinner. I may say that this is only indirectly from me. A patient who has just recovered from a serious illness,

wishing to make me a present in grateful appreciation of what she was pleased to call my kindness, attention and skill, I suggested that whatever she gave me I would appropriate to Guy's Hospital. She presented me with £100, which I was to deal with in my own name. I need not add that it was a very great pleasure to have this placed in my power."

ON Tuesday to Thursday next, the 23rd to the 25th of June, a great Bazaar is to be held on behalf of the Re-endowment Fund, in the grounds of Hanworth Park, kindly lent for the occasion by A. Lafone, Esq., M.P. The "Dis-Guysed" are to perform every night, and are particularly requested to appear *punctually* at the rehearsal in the Court Room, on Monday night, at seven-thirty o'clock. We must offer our sincerest condolences to Mr. C. Shepherd on being laid up and unable to perform, to Mr. Michael, who will be obliged to dance alone, and to the orchestra and audience, who will thus be deprived of one of the most fascinating performances of the evening. If that very attractive picture of an allegorical sister, that figures on the placards, creates as much sensation in the neighbourhood of Hanworth as in that of Guy's there should be a large gathering.

THE annual dinner of the Debating Society will be held on Friday next, June 26th, at 7 p.m., in the Club reading room, Mr. F. G. Hopkins, vice-president, in the chair; and it will as usual be followed by an impromptu debate. All members are invited to attend, and to bring guests. Those who wish to be present are requested to write their names on the list provided for that purpose in the Club smoking room, or to give them to either of the secretaries, Messrs. Hamblin Smith and Howard. A business meeting, to elect officers for next year, will be held at 6.45, in room No. 51 in the College. Last year's dinner was an immense success. In the discussion of private business, which we hope will be absent this year, members rose to a white heat; and the unprepared speeches were extremely entertaining. There should be a good gathering.

THE following letter has been handed to us by the Chaplain, and we are glad to give it the publicity that it deserves. The work of arranging and superintending holidays for the poorer children of our great towns is one that is, we are glad to say, increasing in extent every year, and none can look after the class of boys who make use of this opportunity, but young, active, and, if possible, athletic men, such as members of the medical schools and universities, whose sense of discipline is in proportion to their zeal for the work, if work it may be called. We have heard it said by those who have tried the experiment, that a week or a fortnight so spent will be as entertaining as it is instructive to all parties concerned, so here is a chance for our muscular Christians this summer. A prospectus may be seen in the library.

DEAR SIR,—Mr. Ostle, Chaplain of St. Bartholomew's Hospital, suggested to me that I should write and ask you whether you could kindly get me some real good men from Guy's to come and help in August at a camp we have at Hayling Island every year for London National School Boys, Telegraph Messengers, and others. We want men who will exercise a good influence over the boys, and help in games, boating, bathing, excursions, etc., and generally looking after the boys. We work on broad lines, having men of various schools of thought, but we require truly religious men. Other years we have secured some splendid fellows from Cambridge, hospitals and various colleges. We shall have in all probability some 250 boys from July 25th onwards for a month. We ask those, who come, to pay 15s. a week for food, etc. The return railway fare is 5s. I am in camp myself and am responsible for everything. Hoping you can help in the matter,—Believe me, yours truly,

(REV.) G. L. HARDING.

The Chaplain, Guy's Hospital.

Now that the quadrangles of the surgery building have been completely asphalted and all throats completely choked and all beings completely disinfected by the tarry vapours essential to the process, a tent has been erected in the corner near Accident ward and the women's Surgery, to serve as a waiting room and temporary surgery while the boards of the men's Surgery are being uprooted and their place taken by tiled flooring. The heavens have shown their approbation of this beneficent arrangement by a shower of heavenly blessings in the form of rain and by a complete change from the recent fiery weather, which was almost unsupportable inside the tent, to the warmer, damper, more convenient climate of the present time. Dressers look forward hopefully to the happy day when they shall return to their proper quarters.

WE regret to find that amongst the crew of the "Drummond Castle" liner, lost off Ushant on Wednesday last was Charlie Millson, whose father is well known to past and present students as having managed the former Students' Club in old Mary ward, and as the present proprietor of the "Ship and Shovel." Charlie Millson himself served for a time at the bar in the new smoking-room and was now acting as saloon-steward on board ship. He was only twenty years of age.

The Army Medical Service.

THE Medical Service of Her Majesty's Army is so little thought of now in the English schools as offering a suitable and satisfactory career, that it has been thought worth while to make use of the opportunity of an approaching examination for admission to the Service, to bring its advantages more prominently before the eyes of Guy's men, both past and present. The subject has been brought to our notice in looking over the results of various examinations of last year, and inasmuch as previous notice has by inadvertence not been taken of the fact in these columns, we must hereby offer our most cordial congratulations to the two Guy's men who headed the list last summer, and who have fully maintained their reputation by their subsequent work at Netley. According to information kindly supplied by the authorities at the War Office, Mr. F. S. Brereton obtained 2,685 out of 4000 marks at the entrance examination, and 2,626 marks out of the same number in the final examination at Netley, giving a total of 5,311 marks, which secured him the first place of his year. At the same time in the later examination he won the Martin and the Parkes Memorial Medals. Mr. J. C. B. Statham was a good second, with respective totals of 2,324 and 2,114, or 4,438 marks in all. Such is but another instance of the fact which has been so abundantly demonstrated of late, that our own Medical School is fully equal to that of any hospital in the United Kingdom.

As to the Army Medical Service, it is a good thing that the authorities should maintain a fixed standard of merit and take those candidates only who pass that standard. Not only has this been done, but the standard has of recent years been considerably raised at some cost to the War Office, and we trust that the level of the Service may continue in the future to be maintained at the higher level. That this level is no mean one may be judged from the following extract from a private letter which we have been kindly permitted to copy:—

"The examination is a very thorough one, both in papers and *viva-voce*, and includes both compulsory and voluntary subjects. The total number of marks given for each compulsory subject is 1,000, but the marks given are always low and scarcely ever above half the total.

"Surgery includes a paper, *viva-voce* examination and operative work, each man having to do two operations, which may be either major or minor. Generally one gets the ligature of an artery or some such small operation for the first, and a colotomy, supra-pubic cystotomy or amputation of a limb for the second.

"Anatomy and Physiology go together. The first has to be known thoroughly well; for Physiology, Starling's little book may be read, and will be found most useful. Chemistry and Materia Medica are included as one subject, and one has to be well up in each, especially the latter; every drug has to be known and spotted, and the natural orders are also required.

"Medicine goes by itself.

"The vivas are all between twenty minutes and half-an-hour long, and are pretty thorough; specimens have to be spotted under the microscope; instruments named; one or two bandages put on, or a fractured limb put up in splints (I had the latter—tib. and fib. fractured). Anatomical and pathological pickles are shown, and in fact, the whole is very like the colleges, only rather more thorough and extensive.

"After getting to Netley, one goes through a course of hygiene, doing a lot of analytical work, military surgery and tropical medicine, and a thoroughly good and very interesting course of bacteriology, under Professor Wright. I enclose two other documents showing the marks obtained in London and at Netley, the two are added together, and one takes one's place by the resulting total. The Indian exam. is exactly the same in London and at Netley."

The Indian and the Army medical services both offer many attractions apart from the possibilities of war. Not only are the social pleasures and opportunities of sport and recreation considerable, but it has always been our opinion that if a man be keen on his work he will find plenty of scope for his abilities in these services, and there is no need for him to degenerate into a "mere butterfly of fashion," as many seem to think the natural end of such a man. The rate of pay and pensions and the other conditions have also been recently improved, particulars of which may be found in the Medical Directory in the library or elsewhere, showing that the service compares favourably with most civil appointments in the pay it gives to a man recently qualified. In foreign service, too, the Englishman is in his element, and finds instinctively both pleasure and duty in representing an outpost in the great Colonial and Imperial power of which we are all so proud to form a part.

In conclusion, we may say that twenty-five vacancies are announced for competition in August, and that names must be entered early in next month. Further particulars may be had on applying at the medical school office, and in the meanwhile we publish the papers given to the candidates in a recent examination for the perusal of any who may think of trying for a vacancy.

EXAMINATION PAPERS.

Three hours given for each paper.

SURGERY.—Sir William MacCormac.—1. Enumerate the causes which may produce epididymitis. Give the symptoms, differential diagnosis, possible complications, and treatment succinctly of each form. 2. State in detail the circumstances which may render excision of the eyeball necessary, and describe the operation. 3. What causes tend to produce popliteal aneurysm in a young adult? Describe the changes which take place in the artery and adjacent structures, the treatment you would adopt, and the results which may follow. 4. Describe a case of severe cut throat occurring

in the more common situation. What structures may be involved or endangered? What complications may ensue? Give your treatment of the case.

ANATOMY AND PHYSIOLOGY.—Mr. Makins.—1. Describe the cavernous sinus, mention its communications, and give its relations to included and surrounding structures. 2. Give the origin, course, relations and distribution of the anterior crural nerve. 3. Describe the condition known as hemiopia. What varieties are met with, and how may they be explained on physiological grounds? 4. Give a short account of the manner in which the organic elements of food are prepared for absorption into the system, and state how the proteid, carbohydrate and fatty elements respectively are taken up.

MEDICINE.—Dr. Allchin.—1. Comment on the following cases in reference (A) to the nature and situation of the lesion, setting forth the grounds for the diagnosis; (B) the prognosis:—

(1) W. M., 52, a painter, admitted into hospital 1st June, 1895. His family history unimportant. He has always been very temperate. Has never had syphilis. Is said to have suffered from acute nephritis ten years ago, and two years since fell from a scaffold, breaking both arms and cutting his forehead; the scar of the latter persists and his right elbow has always been somewhat stiff since the accident. Six months ago he is reported as having had a "fainting fit," but no particulars of it are to be obtained.

The present illness began on 1st June, when he was at work, by his suddenly feeling giddy and almost falling, but with no loss of consciousness. With assistanse he was able to walk a short distance, though three-quarters of an hour after the first attack whilst at home he again felt "queer" and giddy, and quickly lost power on his right side, also without any impairment of consciousness. He was at once taken to the hospital and admitted.

On admission he was found to be well nourished, fully intelligent, completely paralysed in the right arm and leg, and with some right facial paralysis. Speech thick, but no confusion of words. Left pupil rather larger than right, both act readily to light and accommodation.

Movements of eyeballs normal. Tongue protruded to the right. General sensation in right arm and leg somewhat impaired. Knee-jerks equal and fairly sharp. Pulse 60, regular, full; vessels hard. Cardiac impulse very indistinct, but felt slightly external to nipple line; accentuation of aortic second sound. A hyper-resonant percussion note over the whole front of the chest. Nothing abnormal detected in the abdomen. No blue line at edges of gums. Urine, sp. gr. 1008, acid, contains a trace of albumen, no sugar.

In the course of eight or nine days patient began to recover some power in his shoulder and elbow, but was unable to move his fingers three weeks after the attack, by which time he could move his leg tolerably well. He complained of occasional twitchings and involuntary startings of his right arm and cramp in his legs, but there was no rigidity in either limb. Sensibility was completely restored, and no sign of facial paralysis was to be recognised on 20th June. The urine always contained a trace of albumen.

(2) J. P., aged 50, occupied all his life as a painter, admitted into hospital 22nd May, 1895. Nothing of interest or bearing on the case was ascertained in respect to his family history. He had been very free from illness all his life and could only remember "a slight touch of colic" in 1871, and "rheumatism" in 1884, but no certain facts as to these ailments were obtainable. He had never had syphilis, and described himself as being "very temperate," which appears to have been true.

The illness for which he came under treatment began suddenly on the early evening of Saturday, 19th January, this year. He is stated to have had a hearty dinner midday and also later a heavy tea: about half-an-hour after the latter, immediately following an action of the bowels, he expressed himself as "feeling queer," and in two minutes fell insensible across a table, though without injuring himself. For three weeks he remained unconscious, often very noisy, his speech so thick as to be unintelligible, frequently trying to get out of bed, and for the first week incontinence of urine and fæces. From the first the right side of his face and right limbs were paralysed, the latter completely so. At the end of three weeks an improvement set in, chiefly in his speech and his intelligence, and slowly continued, but there was very slight recovery of muscular power, and it was only with much difficulty and assistance that he could drag about.

On admission he appeared to be a well nourished man, perfectly clear headed and intelligent, with no noticeable defect of speech. Face slightly flatter on right side and drawn very little to the left, tongue protruded in straight line and lying evenly in the mouth. no ocular paralysis, pupils equal and react equally and well to light and accommodation. The power of voluntary movement in his right arm is limited to partial movement of his fingers, but he can raise the whole leg a short distance off the bed, and there is imperfect movement in the toes and at the ankle and knee. Sensation over the right arm is impaired, and he does not distinguish satisfactorily between heat and cold over the same limb; these defects are much less noticeable in the leg. The skin of both right limbs is much moister than on the left side. The patellar tendon reflex is increased on both sides, but more marked on the right, and there is also ankle clonus on the same side. The plantar reflexes are very active, and the cremasteric reflexes noticeably sluggish.

Pulse 64, regular, small; arteries hard. Cardiac impulse displaced outwards, and somewhat heaving in quality; first sound dull and prolonged, and aortic second sound accentuated. Lungs normal. No blue line on gums. Alimentary organs normal. Urine acid, pale, sp. gr. 1021, trace of albumen, no sugar.

During the next month patient remained in much the same state, the power in the right leg was sometimes rather better, and then appeared as if there were no

improvement. Generally some stiffness was perceptible in the right arm, which occasionally was considerable. The urine continued as described.

2. Describe the morbid condition known as "fibroid phthisis," and the signs and symptoms upon which its diagnosis would be made. 3. What are the causes of chronic peritonitis? Describe the symptoms, course, *post-mortem* appearances and treatment of a well-marked case. 4. Describe in full detail the entire treatment you would adopt for a severe case of scarlet fever complicated by acute nephritis in a young adult.

CHEMISTRY AND MATERIA MEDICA.—Dr. Shore.—1. Give an account of fluorine—how it has been isolated, its properties, and its most important compounds. 2. What is the chemical constitution of a fat? Into what substances is a fat resolved by heating it with steam under high pressure? What is the relation between a fat and a soap? Give equations. 3. Mention the chief remedies which may influence the heart's beat, and classify them according to their modes of action. 4. What is the botanical nature of ergot? Mention its preparations. Describe its physiological actions and its uses in medicine. 5. What is meant by "antagonism" between two drugs? To what extent are opium and belladonna antagonistic, and in what way are nux vomica and calabar bean antagonistic to each other.

NATURAL SCIENCES.—Dr. Shore.—Candidates should answer not more than *six* questions, and they are recommended to confine themselves to *two* branches of science only.

Zoology and Comparative Anatomy.—1. Describe and compare the structure of the heart and the arrangement of the blood-vessels immediately connected with it, in a fish, an amphibian, and a mammal. 2. Describe the changes which take place in the ovum *before* fertilization and discuss the significance of the phenomena you mention. 3. Compare the general organization of hydrozoa and actinozoa.

Botany.—1. Describe the structure of the flower in the natural orders:—cruciferæ, polygalaceæ, rosaceæ, scrophulariaceæ, liliaceæ, and orchidaceæ. 2. Describe carefully the chief varieties in the structure of the seed, stating how the embryo is formed in some typical case. 3. Describe the life history of *two* of the following types:—penicillium, vaucheria, puccinia, equisetum, and salvinia.

Physics.—1. What do you mean by the hygrometric state of the air? State some means by which it may be determined, describing the hygrometer you would employ. 2. Explain by the aid of diagrams the principle of (*a*) the opera glass, (*b*) any kind of telescope. 3. Give some account of the value of electricity in the diagnosis and treatment of disease.

Physical Geography.—1. What is the "plane of the ecliptic"? How has it been shown that the plane of the earth's equator is inclined to the plane of the ecliptic? 2. Write down in the order of their succession the rocks of the palæozoic epoch. Describe the changes which take place in the conversion of vegetable tissue into coal. 3. Describe and explain the changes observed in (*a*) the barometer, (*b*) the thermometer, as we ascend higher and higher in the earth's atmosphere.

Recent Innovations.

SEROPATHY AT GUY'S.

PART I.—DIPHTHERIA—ANTITOXIN.

GUY'S has not been behindhand in making the fullest use of the recent advances in "rational" therapeutics, and the results detailed below of the serum treatment at this Hospital certainly justify in an ample manner the employment of "anti-bodies," as Klein calls them, in diseases of bacterial origin. Up to the present time three antitoxic serums have been given a trial, viz.—antidiphtherin, antistreptococcin, and antitetanin; and it is the last of these only that has failed to realize the expectations which were aroused by the news of the brilliant successes obtained on the Continent. The number of cases treated with antistreptococcin is so far limited, but most encouraging results have followed its employment in several cases of undoubted streptococcic infection; whilst we are now in a position to speak definitely and emphatically with regard to the new treatment for diphtheria.

The first case of diphtheria treated at Guy's with antitoxin occurred in the summer of 1894, and the serum has been administered in practically every case admitted since. The observations as to its use, therefore, extend over a period of just two years, and include, up to the date of writing, forty-five cases. I propose to compare the results since its introduction with forty-five consecutive cases which immediately preceded its employment during 1893 and the first half of 1894. The long period over which the observations are spread tends to eliminate fallacies due to seasonal or epidemic variation in virulence of the disease.

In considering the mortality tables of Guy's cases, we have to bear in mind that none but patients suffering from the laryngeal form of affection and from urgent dyspnœa are admitted into the hospital, so that all the forty-five were subjects of tracheotomy. In the hospitals of the Metropolitan Asylums Board, only a certain proportion of the laryngeal cases are sufficiently severe to need tracheotomy, viz.:—56 per cent. in 1894, and 45·3 per cent. in 1895, whilst at Guy's no patient with diphtheria is received unless it appears dangerous to send him away. In other words, the medical officers of the Asylums Board can pick their cases, and choose their time for operating, giving the antitoxin a chance to do its work in the meanwhile, whilst, on the other hand, we here have to deal solely with children who are already *in extremis* when first seen. In spite of the fact that we are at this disadvantage as compared with the fever hospitals our results work out more favourably even than those set forth in the Board's report. We may profitably turn to the statistics of the tracheotomy

cases in this report before proceeding to analyse our own.

The table which follows compares the percentage case-mortality in 1895 (antitoxin year) with that of 1894 (non-antitoxin year):—

AGES.	1894.			1895.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1 year	5	4	80	4	3	75
1–2 years ...	33	29	87·8	53	36	67·9
2–3 years ...	46	35	76	38	16	42·1
3–4 years ...	53	33	62·2	59	29	49·1
4–5 years ...	45	32	71·1	42	18	42·9
5–10 years ...	75	47	62·6	57	21	36·8
10–15 years...	1	1	100	2	2	100
15 & upwards	3	3	100	—	—	—
Total ...	261	184	70·4	255	125	49·4

From this it will be seen that "rather more than 50 per cent. of the children in whom the operation was performed have been saved since the introduction of antitoxin." We can boast that at Guy's no less than 80 per cent. have been saved since the serum-treatment was adopted.

Our results fully tabulated are:—

AGES.	1893–1894. Non-antitoxin years.			1894–1896. Antitoxin years.		
	Cases.	Deaths.	Mortality per cent.	Cases.	Deaths.	Mortality per cent.
Under 1 year	5	5	100	3	3	100
1–2 years ...	5	4	80	3	1	33·3
2–3 years ...	8	5	62·5	10	4	40
"3" years ...	12	7	58·3	10	1	10
"4" years ...	6	5	83·3	6	0	0
"5" years ...	4	1	25	7	0	0
5–10 years ...	4	2	50	6	0	0
Over 10 years	1	1	100	—	—	—
Total ...	45	30	66·6	45	9	20

That is to say, we have had only nine deaths out of forty-five cases, instead of thirty deaths which occurred in the forty-five cases immediately preceding the introduction of antitoxin. There has been no change in the local treatment of the disease, and no fresh factor has been introduced in the constitutional treatment other than the injection of the serum, so that this most striking reduction in mortality from 66·6 per cent. to 20 per cent. can only be ascribed to the employment of the new remedy. I have excluded from both sets of figures a small number of cases which died within a few minutes after admission, as these obviously only tend to confuse and vitiate the results. Amongst the antitoxin cases two came to a fatal termination from unfortunate accidents—one from hæmorrhage from the carotid artery, and the other from unintentional removal by the nurse of the outer tube; whilst a third fatal case was complicated by scarlet fever. Nevertheless all three have been included in the death-list, so that no charge of "cooking" could be lodged by the unbeliever.

Further, the mortality of tracheotomy cases at Guy's has never, in the last five or six years, been anything like so low as 20 per cent., and I have been unable to find in the Hospital records a run of eight tracheotomies without a death, such as has occurred since antitoxin was adopted as the routine treatment. In thirty out of the forty-five cases the Klebs-Löffler bacillus was found; in eight it is definitely stated that its presence could not be ascertained; whilst in the remaining seven there is either no mention at all of the organism in the report, or no cultivation was taken on account of the urgency of the case or lack of facilities. Rashes occurred in sixteen out of the thirty-six cases that recovered, and there is a mention of articular pains in three cases, and of marked, but transient, post-febrile albuminuria in five. No definite conclusions can be drawn as to the incidence of diphtheritic paralysis, on account of the short duration of the patient's stay in Hospital after the subsidence of the local trouble, and also because in but very few reports is there any reference to knee-jerks or other important points. Most of the rashes appear to have been associated with slight pyrexia, but in no instance were there any persistent ill-effects traceable to the use of the serum, and on no occasion has an injection been followed by a local abscess.

In a subsequent communication the purposes for which antistreptococcin has been employed, and the results which have been obtained, will be detailed, as well as those obtained with Tizzoni's antitetanin.

A. SALTER.

Pass List.

Royal College of Surgeons of England, May, 1896.

FINAL EXAMINATION FOR F.R.C.S.

(Omitted from unofficial list of June 6th.)

A. J. Sharp, M.D., B.S.

Sport.

Cricket.

GUY'S v. SURREY CLUB & GROUND.

Played at Honor Oak Park on Thursday, June 11th. The Club had a strong team and had the good fortune to win the toss, as the wicket, being very sodden and with a hot sun out, was likely to be very tricky. The first two batsmen started very cautiously, but with the total at 15 both had to leave; however, with Hayes and Thompson together runs came at a great pace, both batsmen playing the right game on such a wicket. At 59 Thompson hit Nicholls close to the boundary, but the catch was well taken by Alexander; Hayes soon followed, being caught in the same place. Grabourn gave no trouble; and Williams was out just at lunch time, the score being 102 for six. After lunch Mills and Windsor scored freely, although the latter should have been run out quite early in his innings. After they had added 84 runs, Windsor was caught by Clarke off his own bowling. No one else stayed long, and the innings closed for 227, Mills carrying his bat out for 58, a good score on such a wicket, though he had a good deal of luck. Nicholls bowled best for us, taking five wickets for 67 runs, Clarke having three for 55.

Guy's started very well, scoring 49 for the first wicket, Trouncer then being caught for a useful 21. The effects of the roller was now wearing off, and runs were very difficult to get, the bowlers keeping a good length and doing what they liked with the ball. Alexander, when well set, was clean bowled by Mills for an excellent 31. The rest of the innings calls for no comment, Clarke alone getting into double figures, and the innings closed for 99. Mills bowled well, and took seven wickets for a small cost. Scores:—

SURREY CLUB AND GROUND.

F. Temple, c Nicholls, b Clarke	7
Braund, c Cohen, b Goddard	8
Hayes, c Alexander, b Nicholls	36
Thompson, c Alexander, b Nicholls	19
R. Williams, lbw Nicholls	22
W. T. Grabourn, c Wetherell, b Nicholls	6
Mills, not out	58
W. A. Windsor, c and b Clarke	34
Hussey, c Goddard, b Nicholls	6
Carrington, b Barker	8
Earl, c Barker, b Clarke	2
Extras	21
Total	227

GUY'S.

C. A. Trouncer, c Thompson, b Mills	21
K. B. Alexander, b Mills	31
F. C. Wetherell, c Hayes, b Mills	5
A. E. Clarke, b Mills	14
F. J. Nicholls, c Thompson, b Mills	3
K. V. Trubshaw, b Braund	3
E. Cohen, c Braund, b Mills	3
L. Humphry, c Thompson, b Mills	7
H. M. Barker, b Braund	0
F. E. Walker, not out	0
E. G. Goddard, c Williams, b Braund	0
Extras	12
Total	99

GUY'S v. BRENTWOOD.

Played at Brentwood, on Saturday, June 13th. Nicholls won the toss and went in with Clarke, on a beautiful wicket. Runs came freely, Nicholls especially driving and cutting in splendid form, but with the score at 46 Clarke was well taken at short leg for a good 19. Alexander joined Nicholls and the two made a splendid stand, the hundred going up without loss, and at lunch the two were still together with the score at 145 for only one wicket. Lunch had a somewhat curious effect on our men, as a most extraordinary collapse followed afterwards. Nicholls played on without adding to his score; he had played a masterly innings for 75, included in which was one 5, and eleven 4's. Four runs later Alexander was clean bowled by Cutts for a very good innings of 40, his cutting having been very fine. The less said about the rest of the innings the better, as Wetherell could get no one to stop, and the innings closed for 174, a very poor total after such a brilliant start.

Brentwood started well, Read doing all the scoring, but at 35 Escott got a nasty rap on the fingers and had to retire. Wemersley was bowled at the same total, but on Crossman joining Read a stand was made. Read let out at everything and scored 50 out of the first 60 runs; soon afterwards he should have been caught in the outfield, and profiting by this escape he continued his rate of scoring, but at 102 Clarke beat him. He had made 83 out of a total of 102, and things looked very rosy for Brentwood. Heatley was soon got rid of, and Crossman followed soon afterwards, being bowled by a trimmer from Clarke. With five men out for 137 there was just a chance for us, but Orman and Cutts came to the rescue and passed our total, but Cutts was then bowled, and Orman beautifully taken by Alexander near the boundary, the innings closing for 185. We were thus beaten by 11 runs. Clarke bowled well, taking 5 wickets for 72. Each side batted one short. Scores:—

GUY'S.

A. E. Clarke, c Read, b Crossman	19
F. J. Nicholls, b Heatley	76
K. B. Alexander, b Cutts	46
K. V. Trubshaw, c & b Cutts	7
F. C. Wetherell, not out	8
H. Durbridge, b Heatley	2
A. E. Cawston, b Heatley	0
L. Humphry, b Heatley	0
F. E. Walker, b Cutts	4
E. G. Goddard, c Crossman, b Cutts	0
Extras	12
Total	174

BRENTWOOD.

C. H. Escott, retired hurt	2
J. J. Read, b Clarke	83
D. Wemersley, b Clarke	0
D. Crossman, b Clarke	38
A. E. Heatley, c Alexander, b Clarke	2
Major Orman, c Alexander, b Walker	25
P. Hartland, c Trubshaw, b Nicholls	4
C. E. Lewis, b Clarke	2
Cutts, b Goddard	21
W. Lawrence, not out	0
Extras	8
Total	185

GUY's v. LONDON HOSPITAL.

This, our first Cup tie, was played at Honor Oak Park on Tuesday, June 16th, and ended in a victory for us by eighty-nine runs. Nicholls won the toss, and started the innings with Clarke. Twenty-four runs were made before Nicholls hit one out into the country, and was well caught by Le Cress. Alexander then joined Clarke and an excellent stand was made; both hit out freely, and it was not till the score had reached 117 that Alexander was bowled for a freely-hit 47. Clarke, on being joined by Wetherell, continued to play good cricket, but just when he seemed likely to get his century he was bowled by a bailer from Thwaites. His 77 was a very good innings, marred by no chance and included eight fours. Trouncer and Wetherell took the score to 178 for three wickets, when the luncheon bell rang. Lunch again seemed to have an evil effect on us, as Wetherell was bowled two overs later for a very careful 20. Trouncer soon afterwards followed for a very pretty innings of 43. No one else did anything, and the innings closed for 229. Thwaites bowled best for them, taking four wickets for 54 runs.

London started badly, losing Pitt with the score only at 8, but Green and Le Cress put a better aspect on the game, until at 63 Le Cress was yorked for a useful but very lucky 28. Trouncer on going on to bowl altered the features of the game, as seven wickets fell with the score 100. At length Green was out l.b.w. for a very creditable 77, though he should have been caught early in his innings. No one else stayed very long, and the innings closed for 140. The fielding left a good deal to be desired, and was not at all up to our usual form; and it is to be hoped that there will be a great improvement when we meet University. Trouncer bowled very well, taking six wickets for 43; his average would have been still better but for the unaccountable catches missed. Scores:—

GUY'S.

A. E. Clarke, b Thwaites	77
F. J. Nicholls, c Le Cress, b Gilmore	8
K. B. Alexander, b Gilmore	47
F. C. Wetherell, c Norris, b Thwaites	43
C. A. Trouncer, b Thwaites	20
H. V. Trubshaw, b Thwaites	6
E. Cohen, b Thwaites	6
H. M. Barker, c Blake, b Pitt	4
L. Humphry, not out	5
F. E. Walker, lbw Thwaites	0
E. G. Goddard, b Pitt	4
Extras	9
Total	229

LONDON.

D. T. Le Cress, b Nicholls	28
R. C. Pitt, b Goddard	3
P. C. Green, lbw Trouncer	77
P. R. Blake, b Trouncer	4
A. E. Gilmore, c Cohen, b Trouncer	0
H. W. Hodgson, c Barker, b Trouncer	5
W. M. Ling, c Nicholls, b Trouncer	2
H. Thwaites, c Nicholls, b Trouncer	1
F. M. Morris, b Walker	7
W. Jackson, b Walker	4
G. Hutchison, not out	1
Extras	8
Total	140

Football.

The annual general summer meeting of the Football Club was held in the anatomical theatre, on Monday, June 8th, Mr. Davies-Colley, President, in the chair. There was a fairly good attendance. The minutes of the last meeting were first read and adopted.

The secretary of the Rugby Club then gave a short account of the last season, which was shown to have been rather an unsuccessful one. The team was considerably handicapped by the absence of several members—Alexander having the misfortune to be hurt twice. The Committee experienced considerable difficulty in making up a back division, but finally a capable full-back was found in Muriel; Alexander, when playing, was very good at centre three-quarter, where he was ably assisted by H. N. Clarke, who joined the Hospital after Christmas. Wetherell at times played a very good game at half. The forwards were very variable, at times playing really well, especially against Coventry and R.I.E.C., but in the Cup Tie against St. Bart.'s they were quite outclassed.

The First XV. played twenty-five matches, exclusive of two Cup Ties, and three matches combined with St. Thomas's. Of these six were won, twelve lost, and seven drawn. We won against East Sheen (twice), London Welsh, Kensington, R.M.A., and Marlbro' Nomads. We lost to Rosslyn Park, Cambridge University, Leicester, London Scottish, Coventry, Harlequins, R.I.E.C., Richmond, Old Merchant Taylors', Kensington, and Lennox (twice). The following games were drawn:—Croydon, Old Merchant Taylors', Royal Engineers, Old Leysians, Rosslyn Park, Wickham Park and Catford

Bridge. Points scored—For, 6 goals, 11 tries, or 62 points. Against, 16 goals, 23 tries, or 150 points.

Cup Ties.—1st Round v. Middlesex. Won by 1 dropped goal to nil. 2nd Round v. St. Bart's. Lost, 1 try against 3 goals and 1 dropped goal.

The Second Team had a more successful season, playing 18 matches, of which 10 were won, 3 lost, and 5 drawn, 112 points being scored against 74.

The Third Team played a few matches and secured a majority of wins.

A proposal to alter Rule 7 was then proposed by C. R. Nicholson, seconded by H. Bernard-Onraët, and carried. The proposition was as follows:—That in Rule 7, the words "in his fifth year" be substituted in place of the words "irrespective of his year."

The secretary of the Association Club then read his report, an account of which has already appeared in the GAZETTE.

The election of officers for the ensuing year was then proceeded with, with the following results:—Mr. Davies-Colley was unanimously elected President.

Rugby.—Captain: K. B. Alexander. Hon. Secretary: F. L. Rae. Committee: H. N. Clarke, F. E. Wetherell, H. V. Bagshawe, C. R. Nicholson, and one first year's man, to be elected in October. Captain 2nd XV.: T. Morgan. Captain 3rd XV.: T. M. Walker.

Association.—Captain: F. E. Walker. Hon. Secretary: H. Bernard-Onraët. Committee: P. S. Mandy, H. M. Barker, A. B. Carter, A. E. Crosby. Captain 2nd XI.: A. A. Miller.

Annual Meeting of the Guy's Hospital Athletic Club.

THE annual meeting was held this year on Tuesday, 9th June, on the ground of the Clubs' Union at Honor Oak Park, instead of the ground of the L.A.C., with its cinder track, at Stamford Bridge. An excellent grass track had been mapped out of a quarter of a mile in length, embracing the greater part of the space used for the Rugby football matches in winter—excellent, that is, as regards its mapping out, for the corners were as easy as they well could be, but the surface was hard from the prolonged drought, and rather uneven towards the far end, while the ground slopes perceptibly to the spectator and still more palpably to the runner, downwards towards the pavilion, and the wind was set in the same direction. One of the best critics of athletic sports, himself a champion of All England of many years' standing, who was present, gave it as his opinion that the difference between that and a cinder track would represent little more than three seconds in the mile; but we venture to think that he rather underestimated the difference. The catering arrangements, entrusted to a new contractor for the first time, were not altogether considered a success; but as we personally only had experience of them at a very late hour, we cannot venture to criticise them. In weather we were, on the whole, fortunate. The sky wanted to rain very badly, and the earth required rain still more urgently, insomuch that at about three o'clock a severe shower fell for a few minutes; but except for this trifling misdemeanour the afternoon was as pleasant in its grosser features as in the more important refinements of society. A large number of the Staff were present with their wives and friends; others wished to come, but were prevented by duty. Presumably "a galaxy of ladies" was present, but we are not quite certain of the full meaning of the term. The band of the 3rd V.B. (Queen's Own) Royal West Kent Regiment played very creditably for most of the afternoon, and showed that they too could take to their heels when the hammer was about to be let fly. It was a pleasant, homely little meeting, and although the performances were not altogether brilliant, there was some good racing, Sime—a great acquisition—and F. E. Walker running particularly well, and the choice of grounds by the committee was fully justified. The custom thus established will be continued, it is to be hoped, in future years.

The following is the list of officials:—President: R. Clement Lucas, Esq., B.S., F.R.C.S. Committee: H. A. Munro, H. T. S. Bell, F. S. Batchelor, H. S. Desprez, R. Balderston, F. W. Sime, F. E. Walker, H. A. Higgens, W. L. Baker, E. A. Longhurst, F. E. Fremantle, H. H. Bignold, A. C. H. Gray, T. R. Beale-Browne. Hon. Secs.: H. N. Collier and C. F. Watson. Judges: J. Fawcett, Esq., M.D., and J. H. Bryant, Esq., M.D. Referee: C. Higgens, Esq., F.R.C.S. Starter: H. S. Desprez. Lap-Scorers and Stewards: The Committee. Timekeeper: Nat Perry.

The following is a brief account of the proceedings, beginning at 2.30:—

100 YARDS HANDICAP.—Heat 1: H. W. P. Barrow, 8 yards start, 1; H. N. Collier, scratch, 2; H. B. Carr, 4, 0. Time, 10⅘ sec. Won by one and a half yards. Heat 2: H. K. Lacey, 4, 1; G. Marshall, 4, 2; W. N. East, 2, 0. Time, 10⅘ sec. Won by a yard. Heat 3: A. R. MacLachlan, 5, 1; C. N. Doyle, 5, 2; T. R. Beale-Browne, 8, 0. Time, 10⅗ sec. Won by half a yard. Heat 4: T. M. Walker, 1, and F. E. Walker, 4, 1; C. E. Hicks, 3, 0. Time, 10⅘ sec. A Dead heat. Heat 5: E. A. Longhurst, 1, w.o. Heat 6: F. Sime, 1, 1; H. H. Bignold, 2, 2. Time, 10⅘ sec. Won easily. Final heat: F. W. Sime, from 1 yard, 1; A. R. MacLachlan, 5, 2: H. K. Lacey, 4, 3. Time, 10⅗ sec. This was a capital performance for an inexperienced runner, although wind and slope must have made a slight difference. The winner did not get away very well, but came through in good time and won by a yard and a half; half a yard between second and third.

HALF-MILE HANDICAP.—F. E. Walker, 30 yards start, 1; D. H. Traill, 35, 2; P. Camps, 35, 3; F. S. Batchelor, scratch, 0; J. F. Robinson, 0; A. C. H. Gray, 0; P. S. Mandy, 0; G. P. Collins, 0; D. G. Greenfield, 0; S. Hodgson, 0. Time, 2 min. 2⅗ sec. Won by six yards; yard and a half separating second from third.

THROWING THE HAMMER.—H. H. Bignold, 65ft. 6in., 1; H. E. C. Fox, 61ft. 6in., 2. Not bad performances, considering that neither had ventured to throw the hammer before.

120 YARDS HURDLE HANDICAP.—Heat 1: G. Naish, owes 5 yards, 1; H. N. Collier, owes 5, 2; E. J. Crew and F. M. V. Smith, 0. Heat 2: F. E. Walker, 1; H. H. Bignold, 2; S. Hodgson, 0. Final heat: F. E. Walker, 1; H. N. Collier, owes 5 yards, 2; G. Naish, owes 5, 3. Time, 19⅘ secs. Won by five yards; two yards between second and third. *Naish stumbled at the last hurdle.*

ONE MILE HANDICAP.—R. M. Barron, 110 yards start, 1; S. J. Ormond, 80, 2; T. R. Beale-Browne, 3; R. Balderston, scratch, 0; C. F. Watson, scratch, 0; F. E. Fremantle, 0; D. Cogan, 0; A. C. H. Gray, 0; P. Camps, 0; V. Wallis, 0; H. P. W. Barrow, 0; J. T. Collins, 0; B. B. Gough, 0. Time, 4 min. 49 sec. Barron led the whole distance, and finished in very good form, twenty-five yards in front of second, who was followed at a distance of fifteen yards by third.

PUTTING THE SHOT.—D. H. Traill, 28ft. 9in., 1; F. Sime, 28ft. 6½in., 2; G. Marshall, 28ft. 2½in., 3; H. H. Bignold, 0.

220 YARDS HANDICAP.—Heat 1: H. K. Lacey, 6 yards, 1; H. N. Collier, scratch, 2. Time 24⅘ sec. Won by 6 yards. Heat 2: F. Sime, 2, 1; E. A. Longhurst, 2, 2. Time 24⅕ sec. Won by two yards. Heat 3: T. M. Walker, 5, 1; W. N. East, 4, 2; W. T. Clarke, 6, 0. Time 25⅗ sec. Won by a yard. Final heat: F. Sime, 2, 1; H. K. Lacey, 6, 2; T. M. Walker, 3, 3. Time 23⅘ sec. Sime lost considerable ground in passing Lacey 90 yards from home, but eventually came away and won by two yards, one yard between second and third.

VETERANS' RACE, 600 YARDS.—S. N. Carpenter, 30 yards, 1; G. H. Steele, 50, 2; N. Instone, scratch, 3. Time 1 min. 20 sec. Carpenter took the lead half a lap from home and won a good race by five yards; easy second.

QUARTER MILE HANDICAP.—F. E. Walker, 13 yards, 1; E. A. Longhurst, 9, 2; A. C. Carpenter, 15, 3; H. H. Bignold, 11, 0; H. B. Carr, 14, 0; G. Naish, 18, 0. Time, 53⅕ sec. Walker spurted finely 150 yards from home, and heading Carpenter on entering the straight, won by six yards. Longhurst came into second place, fifty yards from home, and beat third, who was dead beat, by eight yards.

THREE-LEGGED RACE (100 YARDS).—Heat 1: A. C. Ransford and F. D. S. Jackson, 1; F. Rae and H. V. Bagshawe, 2; G. Naish and C. R. Doyle, 3. Heat 2: H. J. Starling and M. H. Thornely, 1; W. T. Clarke and H. B. Carr, 2; W. Smith and A. A. Phelps, 3. Final Heat: Ransford and Jackson, 1; Rae and Bagshawe, 2; Naish and Doyle, 3.

HIGH JUMP.—A. Kinsey-Morgan, owed 1in., 5ft. 1¼in., 1; H. H. Bignold, owed 1in., 5ft., 2; H. K. Lacey, 0; R. Tilbury-Browne, 0.

880 YARDS OPEN HANDICAP.—B. Lawford, S.L.H., scratch, 1; J. McEnery, Middlesex Hospital, 30 yards, 2. Time, 2 min. 6⅘ secs.

LONG JUMP.—A. Kinsey-Morgan, 18ft. 10½in., 1; A. R. MacLachlan, 18ft, 2; H. H. Bignold, owed 1ft., 0; H. N. Collier, owed 1ft., 0; H. K. Lacey, 0; G. Naish, 0; R. Tilbury-Browne, 0.

THREE MILES HANDICAP.—R. M. Barron, 2 min. start, 1; W. L. Baker, scratch, 2; F. E. Fremantle, 20 sec., 3; P. F. Henry, 10, 0; E. J. Crew, 30, 0; R. Balderston, 30, 0; and S. W. Cock, 1 min. 50 sec., 0. Time, 17 min. 57 sec. Scratch man's time, 16 min. 55⅗ sec. Limit man had no difficulty from first to last, and finished well 220 yards in front; a bad third. *This was run off coincidently with the long jump.*

CONSOLATION RACE (300 YARDS).—R. Balderston, 1; P. F. Henry, 2. Won by six yards.

Water Polo.

GUY'S v. OXFORD UNIVERSITY.

This match was played at the Southwark Baths on Thursday, June 4th, and resulted in a win for the home team by four goals to two. Guy's defended the deep end, and during the first half had most of the play, Styer shooting three goals. In the second half, Oxford played up and scored two goals, whilst the home team through MacLachlan added another to their previous score, the result being a most creditable win for Guy's by four goals to two. All the team played up to their reputation, Styer being in fine form. Teams:—

GUY'S.—G. S. Simpson, G. Marshall, G. D. Slater, T. L. Payne, W. R. Wood, A. R. MacLachlan and A. Styer (captain).

OXFORD.—G. W. Brodribb, M. R. L. White, A. H. Gardiner, T. E. Langdon, E. H. Hunt, A. T. Macculloch and C. M. Cohen.

In a team race four aside the Oxonians won by two yards, Wood showing particularly good form for the losers.

GUY'S v. CITY OF WESTMINSTER.

The above match was played off at the Westminster Baths on Tuesday, June 9th, and the result given out by their referee was four to one in favour of our opponents. Much to our dissatisfaction, two goals shot by Styer and Marshall respectively were disallowed, for which no reason could be given us by the referee, who was evidently a novice. The team in general was certainly off colour, and it is hoped they will pull themselves together for their return fixture with Oxford University. The only goal *credited* to us was shot by Styer. Team:—

GUY'S.—G. Simpson, G. Marshall, G. D. Slater, T. L. Payne, W. R. Wood, A. Styer (centre), and A. R. MacLachlan.

GUY'S 2ND v. ANCHOR.

This match was played at the Southwark Baths on Friday, June 12th, and resulted in a win for our opponents by three goals to one. In the first half Guy's led by one goal to nil, but evidently tiring in the second half, we had three goals scored against us. The game

was very scrambling, and more practice in throwing the ball and picking it up quickly is wanted badly. Hardenberg kept goal in very good style, saving his side several times. Team:—

GUY'S.—Hardenberg, C. Greenfield, A. Kempe, F. H. Hardy, E. G. Evans and C. E. Brown.

Guy's Hospital Lawn Tennis Club.

GUY'S v. HORNSEY.

This, the return match, was played at Hornsey, on June 3rd, but had to be abandoned after the first round owing to the rain. This was somewhat unfortunate, as although we had lost the first round by 2 matches to 1, we were winning all our matches in the second round.

GUY'S v. SURBITON.

Played at Surbiton, on June 6th, and resulted in a win for the Hospital by 5 matches to 4; 10 sets to 9; 111 games to 84. Appended is the full score:—A. B. Carter and substitute lost to R. J. McNair and A. J. McNair, 4–6, 4–6; beat H. C. Selle and R. Sheldon, 6–1, 4–6, 6–3; beat A. Sterry and H. Lovige, 6–3, 6–1. E. D. Hancock and A. S. J. Pearse lost to McNair and McNair, 2–6, 4–6; beat Sterry and Lovige, 6–2, 6–0; lost to Selle and Sheldon, 6–0, 4–6, 7–9. H. T. Hicks and E. W. S. Rowland lost to McNair and McNair, 4–6, 9–7, 3–6; beat Sterry and Lovige, 6–2, 6–2; beat Selle and Sheldon, 6–3, 6–3.

GUY'S v. BEXLEY.

Played at Bexley, on June 13th, and resulted in a defeat for the Hospital by 5 matches to 3. Doubles and singles were played. In the doubles, honours were easy; 2 matches all. The light, unfortunately, somewhat bothered our men in the singles, the courts being overshadowed by trees. These we lost by 3 to 1. Appended is the full score:—C. E. Michael and A. S. J. Pearse beat R. Marshall and C. H. Myrtle, 8–6, 6–4; lost to F. W. Young and H. E. Baynes, 7–9, 3–6. E. W. S. Rowland and N. Williams lost to Marshall and Myrtle, 6–8, 4–6; beat Young and Baynes, 7–5, 6–2. Pearse lost to Myrtle, 1–6, 2–6; Michael lost to Young, 2–6, 2–6; Williams lost to Baynes, 2–6, 5–7; Rowland beat Marshall, 6–3, 8–6.

STUDENTS v. THE STAFF.

Played at Honor Oak, on June 13th, and resulted in a win for the Students. The Staff evidently suffered from want of practice, and we think would have benefited by a different arrangement of their pairs. Appended is the score-sheet:—C. H. Bryant and A. J. Cleveland beat Drs. Washbourn and Hamilton, 6–3, 6–0; beat Drs. Shaw and Fawcett, 6–2, 6–4. C. Coventry and C. W. Booker beat Drs. Washbourn and Hamilton, 6–1, 6–2; beat Drs. Stevens and Carpmael, 6–3, 6–3. A. E. Porter and D. Worts beat Drs. Washbourn and Hamilton, 6–0, 7–5; beat Drs. Shaw and Fawcett, 9–7, 6–2; beat Drs. Stevens and Carpmael, 9–7, 6–1.

Review.

A Popular Hand-book to the Microscope. By Lewis Wright. (Religious Tract Society). Price 2s. 6d.

The enormous advances which have been made during the last twenty years in the efficiency of all microscopes, whether the most elaborate or the students' form, depend largely upon the researches of Professor Abbé, of Jena, and his co-workers. In order to obtain the best results from any microscope, it is necessary to understand how the illumination should be arranged, also the use of the diaphragm and substage condenser, and to have a clear idea of the meaning of the term "numerical aperture," and why it is necessary to use immersion lenses for all researches into minute structure. None of the text books on histology deal with the optical principles concerned, except in the most cursory manner. The present work is thoroughly practical and reliable, and we know no other handy volume which gives the same information. The book, after a chapter on the formation of images, deals with the defects of lenses, the effects of cover glasses on the image, of the advantage of wide angled and apochromatic object glasses, and the various types of microscopes in general use. The chapter on microscope manipulation deals fully with the arrangement of the condenser and diaphragms necessary in order to obtain a critical image. Microphotography and the preparation of objects are briefly discussed, and the latter half of the book is devoted to a description of common vegetable and animal specimens suitable for microscopical examination. We would recommend this book to all students who take up bacteriology or other microscopical work where the best results are required.

Appointments.

BLIGH, WM., M.D. Lond., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of the Caterham sanitary district of the Godstone Union.

CHANING-PEARCE, A., M.B., B.S. Lond., has been appointed House-Surgeon to the Kent County Ophthalmic Hospital, Maidstone.

PADBURY, G. J., M.B. Lond., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the Membury sanitary district of the Axminster Union.

PAGET, PETER, L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer for the High Halden sanitary district of the Tenterden Union.

Birth.

LUND.—On May 29th, at Sandywood, Pendleton, Manchester, the wife of Herbert Lund, F.R.C.S., of a son.

Marriage.

COLLIER—BOWATER.—On June 6th, at St. John's Church, Lewisham, Henry William Collier, M.B., B.S. Lond., of Adderbury, Oxon, only son of Henry Collier, of Forest Hill, to Gyneth, daughter of Francis Bowater, of Apna Ghur, St. John's.

ED.—F. E. F.

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SPORT: Cricket—Guy's v. Eastbourne; Guy's v. University College Hospital; Guy's v. Croydon; Guy's v. Bickley; Guy's 2nd v. London Hospital 2nd; Guy's 2nd v. St. Mary's 2nd; Guy's 2nd v. Osborne; Guy's 2nd v. London Hospital 2nd. United Hospitals' Athletic Club—Thirtieth Annual Meeting. Water Polo—Water Polo Cup, 1896; Guy's v. Oxford University; Guy's v. Marcians; Guy's v. Grafton; Guy's 2nd v. Grafton 2nd. Guy's Hospital Rifle Association—Guy's v. Whitgift. Guy's Hospital Lawn Tennis Club—Guy's v. Barnes; Cup Tie v. St. Bartholomew's; Singles Handicap Tournament...	313–20
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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

Day.	Date.	Lectures, Examinations, &c.	Medical School Office.	Miscellaneous.	Sports & Entertainments.
S.	July 4	Mr. Howse's take-in; D. Messrs. Higgins and Stamford; Cl., Mr. T. L. Jackson. 2nd Conjoint exam. continues	Oct. Appntmnt List is open	—	*C. v. Streatham, at H. O. Park. B. C. to Merstham, mt Brixton Church*
Sun.	„ 5	— —	—	—	—
M.	„ 6	1st part of Conjoint D.P.H. exam.	—	—	*C. v. Bart's, Cup Tie, Winchmore Hill*
T.	„ 7	— —	Applic'tions to Office for schedules for 1st Conj. exam. Last day of entering names for 1st & 2nd years' prizes	—	*W. P. v. Otter S.C. at St. George's B., Vic., 8.45 p.m. R. A. Pitt Cup and Prize Comp. at Ilford*
W.	„ 8	Mr. Colley's take-in; D. Messrs. Askew and Lee; Cl., Mr. Pakes. 1.30 Cl. by Dr. Perry. 3rd Conjoint exam.	—	—	*C. II. v. St. Bart's II. at H. O. Park*
Th.	„ 9	— —	—	Life Saving Exhibition on behalf of Guy's at C'ntr'l Hall, H'lbrn, 9-18	*W. P. v. Anchor S.C. at S. Norwood, 8.45 p.m.*
F.	„ 10	1.30 Clin. Lect. by Mr. Dunn	—		—
S.	„ 11	— —	—	—	*C. v. Brentwood at H. O. Park. B.C. to Reigate, mt Plough, Clpm. R. A. v. H'gate. Semi final W. P. Cup by this date*
Sun.	„ 12	— —	—	—	
M.	„ 13	2nd part Conjoint D.P.H. Inter. Lond. M.B. exams.	—	—	—
T.	„ 14	— —	—	—	*W. P. I. & II. v. Linden S.C., Southwark, 8.45*
W.	„ 15	Mr. Lucas' take-in; D. Messrs. Hodgson and Starling; Cl., Mr. F. G. Thomas. 1.30 Clin. Lect. by Dr. Perry	—	—	*U.H.A.C. v. L.A.C. at Stamford Bridge*
Th.	„ 16	— —	—	—	*R. A., Hospital Cup, at Bisley*
F.	„ 17	1.30 Clin. Lect. by Mr. Dunn	—	—	*U.H. Cycling A. Mellin Shield, Herne Hill*
S.	„ 18	— —	—	Life Saving Exhibition at Central Hall closes	*B. C. to Virginia Water mt Hyde Park Corner*

Subsequent arrangements:—20th, Pre. Sci. Lond. Examination; 22nd, Prize Examinations for first and second year's students; 25th, Lectures cease.

Guy's Hospital Gazette.
JULY 4, 1896.

Dysmenorrhœa.

CLINICAL LECTURE BY DR. GALABIN.

DYSMENORRHŒA, which is the subject of to-day's lecture, is not a disease, but a symptom, and, as such, occurs throughout the whole sphere of gynæcology. I shall not now deal with it where it occurs as part of a definite morbid condition, such as fibroid tumour of the uterus or pelvic cellulitis, but only in so far as it may be considered by itself, and in such cases as those of the unmarried and the sterile, in which it is unaccompanied by any very obvious lesion.

In text-books the varieties of dysmenorrhœa are classified as membranous, congestive or inflammatory, neuralgic, spasmodic, obstructive and ovarian. Now this is no scientific classification; for the two essentials of classification are that the principle of classification should be the same throughout all the classes, and that each class should be exclusive of every other. Thus it is scientific to classify according to cause or according to locality, but not to classify partly by cause and partly by locality. But I am not prepared to suggest a better classification, and, as a general rule, these varieties of the disease will correspond to those met with in practice.

Neuralgic dysmenorrhœa or, as it might be called, neurotic dysmenorrhœa, depends mainly on the condition of the nervous system. It may be subdivided into two main classes—(1) hysterical, with one or more of the common signs of that condition, and including emotional susceptibility; and (2) purely hyperæsthetic, where the patient is regarded by her friends as sensible, free from hysteria, and possessed of good self-control, but may still have an exaggerated sensibility to pain. This condition is allied to that of hysteria, for it is often found in such cases that the nervous upset of a gynæcological examination is sufficient to make the patient cry. In the purely hysterical cases the substantive basis of the pain may be almost nil, while the pain in hyperæsthetic cases is generally founded on something fairly definite. In the subjects of either form of neuralgic dysmenorrhœa the vomiting of pregnancy or of sea-sickness will very likely be severe. The amount of pain is variable, differing in character, for instance, in the congestive and obstructive varieties, which to a certain extent overlap this class. The neurotic element indeed is present in most cases of dysmenorrhœa; and the severer it is, the more difficult will be the treatment and the worse the prognosis. In all forms the best cure is marriage and parturition, but especially is this so in hysterical cases; although marriage, if barren, will indirectly have evil effects.

Spasmodic dysmenorrhœa is regarded by some as synonymous with the neuralgic variety; and is considered by many to be the most typical form of dysmenorrhœa. Personally I should call it a special form of the neurotic variety. Many authorities, again, regard it as a pure neurosis, due to painful contractions of the uterus, analogous to the painful contractions of the intestinal wall in colic, without any obstacle to the menstrual flow or any inflammatory condition. The analogy, however, hardly bears out this view; since in colic there is generally either constipation, or irritation from some material in the intestinal canal. At any rate, the pain is regarded as due to painful uterine contractions, whether or not these are set up by some obstruction to the outflow, or to some irritating substance, such as a clot or shred of membrane, within the uterus. There is generally a very large neurotic element, and it is in this form of dysmenorrhœa that the most agonising pain occurs. But, so far from regarding this as the most typical form of dysmenorrhœa, my own experience is that it is in a comparatively small proportion of cases that the pain is so definitely rhythmical and intermittent that it can with certainty be regarded as due to uterine contraction.

Obstructive dysmenorrhœa includes not only cases where the menstrual products are kept back by stenosis of the uterine canal, but those also where they are retained owing to flexion of the uterus. As many cases occur where the cervical canal is narrow without dysmenorrhœa being caused, it is evident that the condition we are discussing must be due to the flow being imperfectly fluid, containing shreds of mucous membrane, clots, or masses of mucus, sufficient to set up pain in a sensitive organ. In these circumstances, the menstrual pain will have certain characteristics. It will precede only very shortly the flow itself; and it will be intermittent, corresponding to the time of the uterine contraction, with intervals of quiescence. For this reason many will call it spasmodic; and thus there is no absolute line of distinction from the last class.

Membranous dysmenorrhœa is the one form of obstructive dysmenorrhœa which has a definite

pathology. In this form pieces of mucous membrane are thrown off at the menstrual period, having the properties of uterine mucous membrane, with one smooth and one rough surface, the openings of glands, and, in some cases, the epithelium lining them—the characters, that is, of a menstrual decidua. Now, the theory of normal menstruation is not yet settled, and it has not yet been decided how much of the mucous membrane is normally thrown off, and whether, in membranous dysmenorrhœa, there is excessive exfoliation, or merely an unduly fibrous character of the menstrual decidua. The latter, however, appears to be the main pathological character, and leads to the membrane being thrown off in pieces instead of being disintegrated. In some cases a triangular cast of the whole uterus is passed, showing its three apertures, those of the fallopian tubes and of the cervix. Among the forms of membranous dysmenorrhœa probably many cases may be included in which with careful examination small shreds and patches of mucous membrane could be discovered, which at present pass unnoticed.

In two instances of this condition examined to-day, one specimen was of considerable thickness with no very well-marked features, while the other was more characteristic, with one smooth and one rough surface, quite comparable to the mucous membrane in the decidua of pregnancy, but of course with features less strongly marked. Microscopically the large decidual cells characteristic of pregnancy are not found.

Some say that the condition is inflammatory, others that it is congenital and not inflammatory, being due rather to excessive toughness and fibrillation which does not permit of the ordinary disintegration.

As to its history, it will often date from the first menstruation, but is generally exaggerated after a time, and in one case now in Dorcas ward has been acquired at a later period. It is more frequent in married women than in virgins, and is sometimes cured by the temporary separation of husband and wife. Some authorities, in fact, consider that it is a monthly abortion; but that it is not so in all cases is shown by the fact of its occurrence in virgins. The explanation is rather that a congestive or inflammatory condition is generally, if not always, an element in the causation, and that sexual abstinence gives this a better chance of subsiding.

Congestive and inflammatory dysmenorrhœa.—My own view is that congestion, combined, in most cases, with more or less of the neurotic element, is far the commonest cause of dysmenorrhœal pain. If the pain commences some days before the flow, it must manifestly be congestive in nature. This view is supported by the fact that in many such cases the uterus, if examined by the sound, is found, even in a virgin, to measure $2\frac{3}{4}$ inches instead of $2\frac{1}{4}$ inches. In making this examination the patient will complain of pain as in menstruation as soon as the internal os is reached. This is partly due to exaggerated sensitiveness of the nerves of the mucous membrane. If a little hæmorrhage be produced by the sound, the evidence of congestion becomes greater. Again, it is common to find this condition associated with piles. Finally, on using the speculum, the mucous membrane of the uterus often shows a granular inflammation or erosion round the os, having a velvety or papillary surface, covered by a single layer of cylindrical epithelium. This indicates that a similar condition extends up the cervical canal, giving rise to leucorrhœa, so that a large quantity of tenacious mucus may be observed in the lumen of the cervix.

The condition of the mucous membrane found histologically in these cases, both in the cervix and fundus uteri, is rather one of adenomatous hypertrophy than an inflammatory condition, though it doubtless arises out of a chronic catarrh or irritation. Why virgins should be liable to such adenomatous hypertrophy is not so clear, but it may be analogous in some measure to the adenoid growths which occur in the throat. A similar condition has been noted in monkeys in the Zoological Gardens. In women not only may there be the general hypertrophy, but mucous polypi sometimes occur.

Ovarian dysmenorrhœa is often coincident with congestion of the uterus. The pain is often more marked before the beginning of the flow, and may continue in some measure through the interval. It may be one-sided or bilateral; and like most ovarian pain it radiates to the thigh and to the mammary region. Some patients suffer from a peculiar ovarian pain, which can hardly be termed dysmenorrhœal, occurring as it does a week or ten days after menstruation throughout the greater part of life, in association usually with increased mucous secretion. We cannot be quite certain whether or not this means ovulation, but it must certainly mean some change, probably preparatory for the next menstruation.

Treatment. A. Constitutional.—The chief object is to relieve pain. There is a great temptation in these cases to give opium or morphia, which increases the sensibility of the

nerves and renders the chances of cure more remote. The same may be said of alcohol. Potassium bromide is much in repute, and is probably the most harmless of all the remedies in use. It may be given together with the tincture of belladonna for some considerable time. Direct sedatives may be used, as for instance, a few doses of antipyrin, especially where pain is, owing to the neurotic element, very severe, and where the attacks are of short duration. Phenacetin is also useful. Cannabis indica is of value, especially when the flow is excessive. Other drugs which have been praised, more especially in America, are pulsatilla, canlophyllin and salix nigra, the last of which is reputed a sexual sedative.

General treatment is most useful, especially in neurotic cases, in which it may be the only treatment possible; *e.g.*, exercise, regular morning baths, and massage.

B. Local.—Mere dilatation is chiefly effective where there is evidence of great narrowing of the cervical canal. But in most cases, where there is no such evidence, it had best be combined with treatment of the endometrium. The os may be rapidly dilated under anæsthetic, the uterus curetted and caustic applied. For this purpose I use first of all my own pattern of bougie, which passes more easily than Hegar's dilators. Then I use Hegar's dilators, beginning say with No. 8, and proceeding up to No. 12 or 13, according to the resistance. The cervix is secured by two short, straight, tenacula, both placed on the anterior lip, rather than one on each lip. The dilatation should be effected gradually, each dilator being left for one or two minutes in the canal, according to the tightness with which it is held. Thus the operation may take as much as forty minutes in all, the last dilator to be passed being a No. 12 or 13. Anything much larger than this is apt to lacerate the part; in fact, a slight split may occur without going beyond a No. 12. Sometimes, however, it may be desired to dilate further. In that case it is best to begin with a laminaria tent twelve hours before, and then it will generally be safe to go up to a No. 15. Sometimes I use Goodell's expanding dilator, in which the blades are expanded by pressure on the handles and fixed from time to time with a screw. With these the dilating pressure is more continuous than with Hegar's dilators, the only drawback being that, if there is much resistance, the steel being elastic will yield to a certain extent and parallelism will be lost. Sims' sharp curette may be used and the whole of the mucous membrane scraped, mopped out with an antiseptic solution, and cauterized with iodised phenol. A vaginal douche of 1 in 2,000 strength is used beforehand, and afterwards one of 1 in 3,000 twice a day for the first week. An iodoform suppository is inserted in the vagina after each douche for the first few days.

Cases of membranous dysmenorrhœa are the most difficult to cure, and the most likely to relapse. For them it has been recommended to repeat this operation at least three times within a month.

We have had two patients lately in Dorcas in whom the treatment described has been carried out with great relief to the symptoms. Both are unmarried. In one, aged 30, there was evidence of endometritis, and a granular erosion of the cervix, running up the cervical canal. The second, aged 22, was a marked case of membranous dysmenorrhœa, and some of the membranes are now exhibited. The pain and the passage of membranes had only occurred for the last fifteen months. After the operation, the next period was free from pain and no membrane was passed. This is a more complete success than one can generally expect from one operation in such a case, and I should not be surprised at a relapse.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY	1.	Mitral stenosis and regurgitation.
	9.	Mitral stenosis.
	11.	Aortic, mitral and tricuspid regurgitation.
	18, 22.	Mitral regurgitation.
	39.	Mitral stenosis and regurgitation
	43.	Albuminuria. Three cardiac murmurs.
STEPHEN	6.	Mitral stenosis.
	32.	Pericarditis. Mitral stenosis and regurgitation.
	36.	Pericarditis. Mitral regurgitation.

Nervous System.

MARY	6.	Paraplegia. Hysteria.
	20.	Hysteria.
PHILIP	2, 39, 40.	Sciatica.
	4, 31.	Compression paraplegia.
	9.	Tremor of right arm.
	10.	Right hemiplegia.

STEPHEN 27. Right hemiplegia.
40. Extensor paralysis. Plumbism.

Alimentary System and Abdomen.

MARY 4. Ascites. Pleuritic effusion.
8. Typhoid fever.
32. Carcinoma of stomach.
36. Colitis.
45. Ascites. Cirrhosis of liver.

PHILIP 1. Carcinoma of pylorus.
6. Typhoid fever. Mitral regurgitation.
15. Tuberculous peritonitis. Right pleuritic effusion.
22. Epithelioma of œsophagus.

STEPHEN 7, 16, 24. Typhoid fever.
8. Appendicitis.
14. Cirrhosis of liver. Enlarged spleen.
17. Abdominal tumour. ? Malignant.

Respiratory System.

MARY 2, 26. Phthisis.
14. Mediastinal sarcoma. Sarcoma of skull. ? Primary sarcoma of sacrum.
27. Bronco-pneumonia.

PHILIP 23, 27, 36. Phthisis.
28. Bronchitis. Acute nephritis.
29. Bronchiectasis.

STEPHEN 1. Bronchitis and emphysema. Mitral regurgitation.
3, 11. Phthisis.
12. Bronchitis and emphysema.
15. Left pleuritic effusion.
18, 19. Hæmoptysis.
22. Empyema. Pericarditis.
28. Broncho-pneumonia.
29, 34. Pleuritic effusion.
33. Mediastinal growth.
35. Broncho-pneumonia.

Genito-Urinary System.

MARY 3. Parametritis.
5. Chronic tubal nephritis.
23. Carcinoma of cervix. Secondary peritonitis. Ascites.
33. Menorrhagia.
40. Acute nephritis.

PHILIP 7, 11. Chronic tubal nephritis.
37. Granular kidney.

Miscellaneous.

MARY 16, 34. Eczema.
24, 42. Acute rheumatism.

PHILIP 20. Eczema.
25. General dermatitis.
30. Plumbism tremors.

STEPHEN 25. Erysipelas.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

ACCIDENT 3. Fractured ribs. Surgical emphysema. Great dyspnœa. Pneumothorax.
7. Displacement of internal semilunar cartilage.
17. Suppurating hæmatoma in thigh.

NAAMAN 6. Tubercular disease of elbow-joint.
9. ? Fracture of clavicle secondary to syphilitic or tuberculous osteitis.
13. Gumma in ischio-rectal fossa.

CHARITY 7. Numerous superficial stabs, abdomen, etc.
8. Swelling in neck. ? Abscess.
12. Carcinoma mammæ.
16. Recurrent appendicitis.

CASES UNDER MR. DAVIES-COLLEY.

LYDIA 4. Carcinoma mammæ.
6. Cystic bronchocele.
20. Multiple tuberculous osteitis.

LUKE 2. Loose bodies in knee-joint. Rheumatoid arthritis.
3. Mal-union of femur.
6. Tuberculous glands and abscess in neck.
12. Calculus vesicæ.
18. Tuberculous osteitis lower end of femur. Tuberculous knee-joint.

CASES UNDER MR. LUCAS.

LYDIA 12. Carcinoma mammæ.
14. ? Recurrent cavernous tumour over front of tibia.

JOB 2. Malignant glands in neck, secondary to epithelioma linguæ.
3. Hydrocele of tunica vaginalis.
21. Double inguinal hernia.
24. Necrosis of femur.

CHARITY 1. Gummatous bursitis.
21. Recurrent sarcoma in groin.
22. Old antrectomy for mastoid abscess. Recurrence of pain, sickness, etc.

CASES UNDER MR. GOLDING-BIRD.

ACCIDENT 29. Compound fracture of humerus.
30. Punctured wound of radial artery. Circumscribed traumatic aneurysm.
32. Hæmatoma of buttock.

CORNELIUS 5. Compound dislocation inwards of foot.
18. Fracture (? separated epiphysis) lower end of femur.

MARTHA 1. Compound comminuted fracture lower end of humerus.
2. ? Adeno sarcoma mammæ. Cystic disease of rest of breast. Patient aged 44.
Cot. Mastoid abscess.

LAZARUS 14. Ischio-rectal abscess.
22. ? Glandular abscess at root of neck.

Recent Innovations.

SERO-THERAPY AT GUY'S.

PART II.—ANTISTREPTOCOCCIN.

ITS SPECIFICITY— INDICATIONS FOR USE—METHOD OF PREPARATION—RESULTS.

A mere enumeration, even of the diseases in which the streptococcus is known to be present, would occupy too much space for insertion in this article. In conditions as widely different, for instance, as acute septicæmia and chronic phthisis, or as erysipelas and meningitis, or, again, as a common furuncle and a variola pustule, organisms morphologically identical with the streptococcus pyogenes have been conclusively shown to play a prominent part. This occurrence of the chain-cocci in such an extraordinary diversity of pathological lesions led, in the earlier days of bacteriology, to their differentiation into species by various observers. Thus we find described the streptococcus erysipelatosus of Fehleisen, the S. septicus of Nicolaier, the S. septo-pyæmicus of Biondi, the S. pyogenes malignus of Flügge, &c. Now, however, practically all bacteriologists are agreed that the grounds upon which these distinctions have been founded are insufficient, and that the dissimilarity of lesions may be explained otherwise than by the presupposition that the infecting organisms differ in kind.

There are several factors which are believed to influence the behaviour of the parasite, and thus to determine the nature and extent of streptococcic lesions, and of these the following four are probably the most important:—

1. The remarkable variation in virulence of the microbe. Starting from a streptococcus leading a harmless saprophytic existence in the buccal cavity, the virulence can be experimentally exalted through all stages until we obtain an organism capable of producing a rapid and general blood infection. And yet a microorganism such as this, possessing a pathogenicity so intense that inoculation of $\frac{1}{1200}$ c.c. of an ascitic-bouillon culture will kill a rabbit in less than twenty-four hours with general infection, can be so attenuated within a couple of days by mere transference to some ordinary culture medium that several c.c. are then required to produce even a local reaction. Thus, in the former case we have an acute septicæmia, and in the latter a trifling local abscess, or "ohr-erysipel," as the result of inoculating identically the same microbe in different conditions of physiological activity.

2. Variations in site and depth of infection, producing a difference in the nature and severity of the result. This seems to explain why at one time a cutaneous erysipelas is developed and at another a phlegmon.

3. Variation in resistance on the part of the body—witness the severity of streptococcic lesions met with in advanced diabetes or Bright's disease.

4. The association of the streptococcus pyogenes with other organisms, both pathogenic and non-pathogenic, *i.e.*, the "polymicrobic infections" of Verneuil. As an experimental fact, the virulance of the streptococcus, like that of the tetanus or typhoid bacillus, can be greatly increased by association with other organisms. The knowledge of these "mixed infections" in disease is one of the most important ætiological advances of late years, and enables us to understand many hitherto inexplicable clinical facts, particularly the various "complications" of zymotic affections like diphtheria and scarlatina. It is now well recognised, for instance, that broncho-pneumonia, suppurating glands, or sloughing throats occurring during the course of these fevers are practically *always* due to secondary invasion by the streptococcus.

The appreciation of the wide distribution of streptococcal disease, therefore, seems to open up a vast field for specific sero-therapy, and at the present time antistreptococcin is being employed in a formidable list of affections. The true value of the new treatment, however, *must* remain doubtful, in many cases, on account of the difficulties which exist at present in diagnosing streptomycoses bacteriologically, for it must be ever borne in mind that the serum is specific against the streptococcus only, and attempts to cure staphylomycoses by it will be failures. In future, therefore, a simple diagnosis upon the bed-letter of "pyæmia" will be quite incomplete and totally useless as far as appropriate and rational treatment is concerned, because, as described below, pyæmia may be either strepto-, staphylo- or gono-coccal in origin.

It is, of course, in cases of pure, uncomplicated streptomycoses such as the first four or so on the following list that the most striking and happy results are to be expected from use of the serum; whilst in the polymicrobic diseases, where the chain-coccus is only a secondary invader, the character of the results will be dependent upon our possessing adequate means for dealing with the primary cause. However, it seems reasonable to believe that the bactericidal resources of the body-tissues could cope much more easily with a single species of organism than with a combination of several, and if by the injection of antitoxin we can neutralise or dispose of the streptococcal element, then we have undoubtedly placed the patient in a much more favourable position for fighting the primary agent, be the latter tubercle or diphtheria bacillus.

The serum should be employed, then, in the following streptomycotic conditions:—

1. *Septicæmias of surgical origin*, due to wound infections, middle-ear disease, sinus-thrombosis, cystitis, etc. A COMPLETE examination should be made both of the pus from the local source of the trouble as well as of the blood derived from pricking the finger. "Nine-tenths of all the cases of classical septicæmia are streptococcal in nature" (Petruschky).

2. *Puerperal septicæmia.*—"Almost invariably puerperal fever is a pyogenic process caused by the streptococcus only, and it would therefore be much better named 'puerperal streptomycosis.'"

3. *Pyæmia*—ordinary wound-pyæmia, as well as that following acute necrosis and similar conditions, though unfortunately many of these, and especially the latter, are the work of the staphylococcus, aureus or albus. "Pyæmia is a collective name for metastatic suppurative processes *of different origins*" (Virchow). From the point of view of treatment in the future, as has been said before, it will be as futile to rest content with a diagnosis of "pyæmia" as it would to be satisfied with writing up "arthritis" without attempting to differentiate between the ordinary rheumatic and the gonorrheal or gouty forms of the affection.

4. *Erysipelas*—both cutaneous and phlegmonous. A particularly strong indication for use of the serum is in cases where septic infection, phlebo-thrombosis, or meningitis has followed the local lesion. Injections of 10 c.c. of the antitoxin are reported by Marmorek to have been uniformly successful in a large series of cases in producing completion in twenty-four hours.

5. *Suppurative meningitis*—especially if consecutive to middle-ear disease, facial cellulitis, or erysipelas. In one of the Guy's cases detailed below, where the original focus was constituted by an alveolar abscess, the streptococcus was actually found and the serum injection practised with successful result.

6. *Ulcerative endocarditis*.—"By far the commonest organism found in the vegetations is the streptococcus pyogenes. Next in order comes the staphylococcus and then the pneumococcus" (Frænkel).

It will be observed that practically all the above conditions are quite hopeless in so far as present-day methods of treatment are concerned. Few would seriously suggest, in the light of modern experience, that heroic doses of quinine, perchloride of iron, etc., really have any genuine curative influence, whilst the sulphocarbolates, naphthols, etc., introduced as "blood-sterilizers," have proved over and over again to be worthless. Even then if our search for the streptococcus in the above diseases prove vain, the serum may still be employed, provided, of course, that no other organism can be demonstrated to be the casual agent. There is abundant proof that no ill-effects, either local or constitutional, follow the injection of antistreptococcin. Experience in the wards at Guy's on phthisical patients has confirmed this, whilst many of the GAZETTE readers are aware that a distinguished member of the Staff recently tried the serum as a prophylactic measure with a serious post-mortem wound, and his continued vigour testifies to the harmlessness of the fluid upon the healthy subject.

7. *Non-diphtheritic anginas*.—The pathogenic agent in almost every case of angina where the Klebs-Löffler bacillus is absent, has been shown by the recent researches of Lemoine to be the streptococcus.

8. *Spreading cellulitis of the skin*, spreading traumatic gangrene, and allied affections.

9. *In diphtheria* where cultivations demonstrate the presence of the chain-coccus in association with the Klebs-Löffler bacillus; or where there is glandular suppuration or lobular pneumonia. Most authorities incline to the view that cases of mixed infection are more severe than those which are purely diphtheritic, and recent figures from Paris show a greater reduction in mortality in cases where the combined serums have been administered where indicated bacteriologically than in former series where antidiphtherin alone was used. Broncho-pneumonia in the course of, or following diphtheria, is universally recognized as due to streptococcal invasion; and as one of the most fatal complications it should certainly be regarded as an imperative indication for antistreptococci. Herringham (Clifford Allbutt, "System of Medicine"), referring to Kanthack's observations on the occurrence of large numbers of Klebs-Löffler bacilli in the lungs in diphtheria urges the energetic employment of increased doses of antidiphtherin if broncho-pneumonia supervenes. These investigations of Kanthack's, even if correct, do not vitiate the numberless observations as to the invariable association of the streptococcus in the pulmonary complications of diphtheria.

10. *In lobular pneumonia* occurring as a complication or sequela of scarlatina, measles, or typhoid. The facts just stated with reference to pneumonia in diphtheria apply equally to these exanthemata, and considering the frequency with which supervention of long trouble forms the final event in these diseases, the use of the antitoxin is amply justified.

11. *The second and third stages of phthisis*.—The association of active streptococci with the tubercle bacillus in pulmonary tuberculosis has been abundantly demonstrated; in fact, in Germany the remittent temperature curve of the hectic of phthisis is now known as the "streptokokken kurve." The sputum of the patient at present in Mary 2 showed on careful staining numerous streptococci both in chains and in the commoner form of diplococci. A small quantity of the expectoration collected in a sterile vessel was mashed up with bouillon and injected into two rabbits, with the result that one died in forty-eight hours with streptococcic septicæmia, whilst the other developed typical "Ohr-erysipel," and now has a large suppurating swelling. Antistreptococcin will not, of course, cure phthisis, but its use in the later stages will reduce a double infection to a single, and thus improve the patient's chances of successfully fighting the tubercle bacillus.

12. *Empyema*, where the streptococcus is present alone or in association with the pneumococcus. Pure pneumococcal empyemata are believed to be amenable to aspiration alone, and this form of treatment may now be extended to those cases of pyothorax where the streptococcus is found, if the serum be used in conjunction with tapping. Probably, therefore, in future only tubercular and staphylococcal empyemata will require the severer procedures of incision and drainage. The pus withdrawn by an exploring syringe, should henceforth be subjected to bacteriological scrutiny before resorting to further operative measures.

Before proceeding to catalogue the Guy's results, it may be of interest to turn to the method of the manufacture of the serum, its standardization and effective passage. As with diphtheria, the serum is obtained from horses, but the process of immunization has to be carried out in a different manner, owing to the fact that the streptococcus cannot under artificial conditions be made to produce large quantities of toxine like the diphtheria bacillus. Living cultures injected subcutaneously and intravenously are used for the purpose, and in order to obtain a sufficiently high degree of immunity, special methods have to be adopted to exalt the virulence of the organism. Starting with a coccus derived from human erysipelas, an ordinary broth culture is first made, the latter, however, possessing but feeble pathogenicity towards rabbits. By successive passages through the bodies of these animals, first by intravenous injection and then by subcutaneous inoculation, a streptococcus can eventually be obtained so potent that $\frac{1}{1200}$ c.c. kills infallibly in eight hours. As, however, this when cultivated on ordinary media will rapidly become innocuous and loose all its virulent properties, special media of ascitic-fluid bouillon, or a mixture of human blood-serum and peptonized bouillon have to be used as vehicles for the introduction of the microbe into the horse. In these liquids the virulence of the streptococcus is conserved for some time. At the start the horse is treated to small injections of the attenuated organism in ordinary broth, and these are gradually worked up until larger and larger quantities of the most powerful culture in ascitic fluid can be given by direct insertion into the jugular vein. Eventually the dose received at one time may amount to 500 c.c. of a twenty-four hours' growth of the above-mentioned organism of maximum virulence. The whole process takes at least a year before the blood becomes sufficiently antitoxic for use, and each injection usually produces intense reaction in the animals. They become very ill, shiver, get shaky on the legs, go completely off their feed, and the temperature may run up as high as 9° or 10° F. above normal. A huge swelling occurs locally, and one horse that I saw at Sudbury presented a tumour certainly larger than an ordinary stable-bucket. This may completely subside but occasionally suppurates. Towards the end of the immunizing course nothing beyond swelling at the seat of inoculation follows injection of the most deadly cultures. The animals are now bled to the tune of about eight litres at a time once a fortnight. If done more frequently than this, or to larger amounts, they tend to become anæmic, and a temporary fall in antitoxicity results. With the maximum amount of immunization yet reached at the British Institute of Preventive Medicine, ·05 c.c. of the serum given subcutaneously protects the highly susceptible rabbit against ten times the minimum lethal dose of virulent culture given intravenously. Two horses which had been immunized first to diphtheria and then to streptococcus have most unfortunately died within the last few weeks, otherwise a combined serum could now be obtainable which ought to reduce our tracheotomy mortality at Guy's from the twenty per cent., at which it now stands, to at least ten per cent., seeing that over half of the fatal cases had broncho-pneumonia, and, therefore, presumably streptomycosis plus diphtheromycosis.

The dose recommended is 10 or 20 c.c. initially or repeated daily, or more frequently still according to the severity of the cases. At Guy's, 30 c.c. per diem have been injected, with the best possible results as will be seen from the list of successes below.

About fourteen cases are so far to hand which have been treated with the streptococcus antitoxin; and though the number is limited, the results are such as to encourage the more extended use of the drug. The following is a brief account of the most interesting of the series—

CASE 1.—Boy of 11, in John. Patient had an alveolar abscess about a molar tooth on the left side. Tooth was extracted and abscess opened. Severe vomiting set in the same night with high pyrexia. Delirium, intense headache and internal strabismus developed, and the temperature showed marked remittent oscillations. Streptococci in pure culture were obtained from the pus of the abscess. Diagnosis—Streptococcic meningitis from spread of inflammation upwards. Two injections of the serum per diem were followed by complete recovery.

CASE 2.—Woman of 49, in Patience. Patient a healthy woman, but suffering from varicose veins, came in for radical treatment. She was operated on and had the saphena vein on each side tied and a piece excised. The third day after operation a rigor occurred, the temperature went up, and a spreading erythema and induration appeared round the wound. The brawny and phlegmonous condition continued to increase, she became desperately ill and showed all the signs of septicæmia. Temp. varied from 102° to 104°. The local discharge gave pure cultivation of the streptococcus, and the organisms were also found in the blood. Serum injections were pushed and part recovered completely from an almost hopeless condition. This case is especially interesting because the date and source of infection were known, and the evidence as to the nature of the disease was complete.

CASE 3.—Girl in Patience. Patient had tubercular glands in neck, which were excised at out-patients. The wound, however, at the operation must have been infected, as an inflammatory induration made its appearance around the incision, and patient developed a remittent temperature. Streptococci were found, and the trouble cleared up entirely with repeated injections of antitoxin.

CASE 4.—Double castration for enlarged prostate. A week after the operation, one of the incisions was injected and suppurated. An angry erythema began to spread down the thighs, its appearance very strongly suggestive of a virulent erysipelas. Temperature was of hectic type and patient delirious. After three doses of the serum, temperature subsided to normal, and patient recovered. No bacteriological examination was made.

CASE 5.—Girl æt. 7 in Miriam. Patient had had otorrhœa which had suddenly ceased. Headache, restlessness, photophobia, and delirium came on with an intermittent temperature, varying from 105° to 96°. The antrum was trephined, but no improvement followed, and double optic neuritis was discovered. The pyrexia continued for several weeks. Antistreptococcin was given, though the organisms had not been found, and in three weeks the temperature remained permanently subnormal, and patient had regained her usual health.

CASE 6.—Puerperal septicæmia in Dorcas, following premature labour, with placenta prævia. It had frequent rigors, a septicæmic temperature, profound constitutional symptoms of sepsis and was very anæmic from the severe hæmorrhage she had undergone. Nevertheless, in spite of the fact that a further almost fatal flooding occurred, she was kept alive until the 15th day, though even uncomplicated cases rarely survive the 10th day.

Other cases were—7. A mastoid abscess and sinus thrombosis—hopeless from the first. Cultivations were not made, but the case was certainly not purely streptococcal, as the pus from the lateral sinus was very offensive. Died. 8. Perineal section and bladder trouble of streptoccal origin—hopeless from the first. Died. 9. Woman with wound infection. Chain-coccus in blood. Recovery. 10. Woman in Patience with wound infection. Actively growing streptococci were obtained from blood, showing chiefly the diplococcal form. Still under treatment, but recovering.

Those who have had the opportunity of seeing in animals the marvellous experimental results with antistreptococcin, may perhaps be led to be over sanguine as to its therapeutic value in human diseases, but both experiment in animals and experience in human beings, as well as the analogy of antidiptherin all certainly point, I think, to a great and brilliant future for this antitoxin.

A. SALTER.

The New House-Appointments.

ASSISTANT HOUSE-PHYSICIANS.

CHARLES JOHN HARNETT entered Guy's in October, 1889, as a Preliminary Scientific student, and passed that examination in January, 1891. He entered as a full student in October, 1890, and passed the first Conjoint examination in April, 1891, and the second in April, 1892. He clerked to Drs. Goodhart and Hale White, dressed to Messrs. Symonds and Lucas, and held in succession the appointments of Obstetric Out-Patients' Clerk, Dresser in the Throat Department, Clerk to Anæsthetists, and Clinical Assistant. With regard to prizes, he shared the second prize for first year's students in 1891 with Mr. A. Salter, and obtained the second prize for second year's students in 1892, and the Sands Cox scholarship in physiology. At the Intermediate M.B. in July, 1893, he obtained the scholarship and medal in physiology and honours in anatomy, chemistry and materia medica. He passed the Primary F.R.C.S. in May, 1893, and all parts of the final Conjoint in July, 1895. Last year he obtained the scholarship and gold medal in forensic medicine and honours in medicine.

WILSON TYSON, of Caius College, Cambridge, obtained a third class in the Natural Science Tripos of 1892. He entered Guy's as a third year's man in July, 1893, having previously passed the first and second examinations for the medical and surgical degrees. Mr. Tyson clerked to Drs. Taylor and Hale White and dressed for Messrs. Symonds and Davies-Colley, and has since held the appointments of Obstetric Out-Patients' Clerk, Aural Surgeon's Dresser, Clerk in the Skin Department, Dresser in the Eye Wards, and Clinical Assistant. He passed the final Conjoint examination in October, 1895, Part I. of the final Cambridge in December, 1895, and Part II. in April of this year. Mr. Tyson is as well known on the football-field as in the wards, having captained the Rugby team during part of last season with the utmost skill and geniality.

ASSISTANT HOUSE-SURGEONS.

HUGH THOMAS SYMES BELL is an Australian and entered Guy's as a first year's man in May, 1891, and no greater praise can be written than in stating that he has been as successful in his examinations as he has been in the field of athletics. He passed the second Conjoint examination in March, 1893, the Primary Fellowship examination in May, 1894, and all parts of the final Conjoint examination in January, 1896. He clerked to Drs. Goodhart and Hale White, and dressed for Messrs. Lane and Lucas (six months), and has also held the appointments of Anæsthetic Clerk and Clinical Assistant. Mr. Bell has played well and often in the Rugby football team, but his most magnificent performances are those in athletic sports. In the book of races at the U.H.A.C. sports last week we noticed that he held the Hospitals' record for 220 yards (22⅘ secs.) and high jump (5 ft. 8 in.), and that he had taken prizes in four successive years at the sports, his best performance at 100 yards being 10⅘ secs., and in the long jump, 20 ft. 7 in.

HENRY ALFORD MOFFAT was educated at St. Andrew's College, Graham's Town, Cape Colony, and is a B.A. of the Cape University. He entered Guy's as a first year's man in October, 1890. He passed the second Conjoint examination in March, 1892; the Primary Fellowship examination in May, 1893; and the final Conjoint in April, 1895. He has also just passed the final Fellowship examination. He was awarded a certificate at the examination of first year's students for the Arthur Durham prize for dissection, in 1891: obtained a certificate for second year's students at this examination in the following year, and also obtained the Michael Harris prize in anatomy in March, 1892. In the competition for the prizes in anatomy and physiology for second year's students he was awarded a certificate; and in the session 1892–3 he acted as assistant demonstrator of anatomy. Mr. Moffat clerked

to Drs. Pye-Smith and Hale White, and dressed for Messrs. Lane and Lucas (six months). In addition to the compulsory appointments he has held those of Anæsthetic Clerk, Dresser in the Throat Department, Clinical Assistant, Obstetric Resident, Dresser in the Eye Department and Dresser in the Ear Department.

OBSTETRIC RESIDENTS.

Henry Richard Trecothick Fort was educated at Radley and at Worcester College, Oxford. He took his B.A. degree in 1890, and entered Guy's as a third year's man in January, 1893, after passing the first examination for the degrees of M.B., B.Ch. He clerked to Drs. Pye-Smith and Goodhart, and dressed for Messrs. Jacobson and Howse (six months), besides which he has held the following appointments:—Obstetric Out-Patients' Clerk, Clerk to the Anæsthetists, Dresser in the Throat Department, Clinical Assistant, and Dresser in the Eye Wards. He qualified as L.R.C.P., M.R.C.S., in October, 1895. Mr. Fort was a very good oar at Radley and at Oxford, and rowed in the Trial Eights of 1889, if we remember rightly.

Arthur Herbert Spicer came up from Ley's School, Cambridge to Guy's in October, 1891, having passed the Preliminary Scientific (M.B.) examination of the University of London in January, 1891. He passed the second Conjoint examination in July, 1893, the Intermediate examination in medicine in July, 1894; and the Primary Fellowship in May, 1895. He qualified L.R.C.P., M.R.C.S., in April, 1896, passing in all subjects in the same month. Mr. Spicer clerked to Drs. Pye-Smith and Goodhart, and dressed for Messrs. Jacobson and Howse (six months). He has also held the appointments of Obstetric Out-Patients' Clerk, Anæsthetic Clerk, Post-mortem Clerk and Clinical Assistant.

Thomas Brice Poole entered Guy's as a first year's student in October, 1891. He passed the first Conjoint examination in elementary anatomy and elementary physiology in March, 1892, and chemistry in July, 1892. He also passed in chemistry, physics and botany of the first examination for the degree of Bachelor of Medicine at the University of Durham in September, 1892; spent his second year of medical study at the College of Medicine, Newcastle-on-Tyne, and returned to Guy's in October, 1893, after passing the second examination at Durham in the preceding September, when he obtained first class honours in anatomy and physiology. He clerked to Drs. Taylor and Hale White and dressed for Messrs. Symonds and Lucas, and has since held the appointments of Clerk to Anæsthetists, Assistant Surgeon's Clerk, Obstetric Ward Clerk, Clinical Assistant and dresser in the Eye wards. He qualified L.R.C.P., M.R.C.S., in January, 1896, and obtained the degrees of M.B., B.S., Durham, in April last, with second class honours in medicine.

Gold Medallists.

THE TREASURER'S GOLD MEDALLIST IN CLINICAL MEDICINE.

Mr. Walter Ramsden was up to 14 years of age at the Manchester Grammar School. Bad health caused a complete interruption of his studies until 19, when he obtained a Science Scholarship at Keble College, Oxford. After four years he took a very good first-class in the final honour-school of physiology. In 1893, he was elected to the Radcliffe travelling fellowship. This necessitated eighteen months residence abroad, "with a view to the study of medicine and to his improvement therein." In Zurich, he studied in the Kliniks of Eichhorst, Forel and Wyder, and spent six months in Professor Gaule's physiological laboratory, employed in original work on the subject of coagulation of proteids. The results appeared in "Du Bois Reymond's Archiv für Anatomie und Physiologie, 1894," "Die Coagulirung von Eiweisskörpern auf mechanischem Wege," and established some interesting facts. An abstract appeared in the British Medical Journal in 1895. He then entered at Guy's, and after nine months clerking under Mr. Howse, Dr. Hale White and Dr. Goodhart, went to Vienna. There he studied under Kaposi, Pollitzer, Neusser, Widerhofer, Chiari and Nothnagel. Thence to Berlin, where under Dührosen and Gusserow, he studied gynæcology. Mr. Ramsden dressed for Mr. Lucas.

THE TREASURER'S GOLD MEDALLIST IN CLINICAL SURGERY.

Mr. Robert Pugh Rowlands was born in 1874 and educated at the Dolgelley Grammar School. In the course of 2½ years he took 12 school prizes, and played in the football team, but he was unfortunate enough twice to incur a Colles' fracture and has since been obliged to give up the game. He entered Guy's as a first year's man in October, 1892; took the second Conjoint examination in March, 1894, and passed in surgery of the final examination last April. He was awarded the Arthur Durham prize for dissections for first year students in March, 1893, and obtained the second prize for first year students in the same year. In 1894 he gained the Michael Harris prize in anatomy and shared the prizes for second year students with Mr. E. Ivens Spriggs. In 1895 he was awarded the first prize for third year students, and again this year Mr. Rowlands has been equally successful in securing the first prize for fourth year students. But to crown his achievements we have to record the fact of his being awarded, in his fourth year, the Treasurer's gold medal for clinical surgery, a feat that has very rarely been achieved. Mr. Rowlands has also distinguished himself in the wards, as clerk to Drs. Pye-Smith and Goodhart, and dresser to Messrs. Symonds and Lucas (six months). Mr. Rowlands however is not a mere record-breaker. His prize-work is founded upon a solid background of keenness and practical ability, and a paper which he contributed to these columns early in this year showed that he was possessed also of a faculty for dealing with a difficult subject in an interesting style.

Visit to Darenth Lunatic Asylum.

ON Thursday, June 18th, a party of some fifty Guy's men took the train to Dartford, in Kent, and were driven out about three miles into the country in four large brakes to pay a visit to Darenth Idiot Asylum. Dr. Savage had most kindly made every arrangement beforehand, although he was unfortunately unable to be present himself, and the partly were warmly welcomed by Drs. Walmsley and Sawell and by Mr. C. N. Jenkins, the chaplain, each of whom conducted a group of the visitors round the houses and grounds.

Darenth Asylum is most picturesquely placed on the top of a hill, in 200 odd acres of land, and has a splendid outlook. It is divided into two separate institutions—one for 1000 children and the other for 1052 adults, the dividing line being sixteen years of age; and it was the former—certainly the most interesting from a scientific point of view—of which Dr. Walmsley is superintendent, and over which the visitors were shown. The idiots are lodged in a number of different wards, or cottages, as they might almost be called from their outward appearance, each housing from forty to sixty inmates, and containing a pleasant octagonal room, chiefly for winter use. The patients were ranged in rows of wooden arm-chairs, tipped backwards so as to keep them in their place, under the verandahs or out on the grass, and different cases were looked at in turn. It was a gruesome spectacle—a whole gang of dribbling, gibbering, giggling boys or girls, with a heavy, sodden look about the face, and an absolute ignorance of their condition and surroundings other than those immediately round them. One realised for the first time what a disgusting term of reproach is a "drivelling idiot." One looked at them as at brute beasts, and then suddenly realised their intimate resemblance to one's self; and the prospect of their being doomed to spend the remaining ten, twenty, or even sixty years of their life in the same condition, without a chance of becoming fit for society, would cause an involuntary shudder. But in passing from a general survey of the inmates of the asylum to a study of the individual cases, the interest was at once absorbed. Here was a microcephalic of fourteen with a head measuring only thirteen and a half inches in circumference; there a boy with acute hydrocephalus, the head measuring twenty-eight inches. Here was a little fellow of six about three feet in height, the very image in expression and manner of the organ-grinder's monkey, noticing every slightest movement, gazing intently at everything in which he is interested, pouncing upon a watch offered to him and at once trying to pick it to pieces. Here, again, was General Tiny Mite, whom we remember having seen arrayed in dress clothes when barely two feet high, on the boards of St. James's Hall, now grown into a grotesque, almost gorilla-like object, capable of hardly any comprehension, but still able to recite his "Twinkle, twinkle, little star," and to announce with his hand on his breast, "And so ladies and gentlemen our little entertainment is concluded." Above all there were the urchins, veritable little children of 30 or 40 years of age, now gaining material benefit from thyroid treatment. The more hopeful sights were the schools and workshops. The former are managed by a Miss Hoatson, who has been engaged in the work now for 21 years, and is indefatigable in devising new occupations, they can hardly be termed studies, for her pupils. Patience, she remarked, was the one essential for the work, and the children frequently went from year to year without the slightest perceptible improvement. The main object in their instruction was to inculcate in them some spirit of discipline. Of the 1000 children in the asylum, about 350 attend the school. Corresponding to these on the adult side are the workshops where the better cases are set to work making boots, clothes, mattresses or furniture, and the foremen, who of course are not idiots, assured the visitors that the shops not only paid their way, but added materially to the income of the hospital. Some little work is also done by the inmates in the fields belonging to the institution, anything in fact which can concentrate their thoughts on some definite end. After their tour the visitors were given tea in the fine entertainments hall with music from the asylum's band, accounted one of the best forms of treatment. Votes of thanks were passed to the hosts and the party drove off with loud cheers.

After visiting the Asylum at Darenth, a visit was paid by several members of Dr. Savage's party to the Roman villa, which has recently been discovered at Darenth.

The excavations have disclosed a villa of larger dimensions than any other at present discovered in England. It was situated on the north bank of the river Darenth, and forms an exceedingly interesting relic of the Roman occupation. There is an unbroken line of rooms, stretching from east to west for 450 feet, and in front of these facing south is a corridor of the same length. Beyond this corridor are two large courts, 92 feet long, 91 feet and 78 feet wide respectively. The centre of the house is occupied by rooms for summer use; three of these are paved with red tesseræ, and another three with white concrete, as is the principal room of the villa, which is situated in this part of the building. This was probably the banqueting chamber. It is 47 feet in length by 16 feet in width, and on one of its walls some concrete still remains, on a small part of which the remains of a fresco can still be made out.

At the north-east corner are situated the winter rooms. They are warmed by having floors raised and suspended in various ways upon tiles or blocks of chalk. Heated air was passed between the floors, giving a constant and equable temperature. The hypocausts, or heating chambers where the air was heated, are shown very perfectly. The flue pipes still remain in the walls. There are some interesting baths from seven feet square (one with a hypocaust) to forty feet by ten feet, and some water tanks with leaden pipes. The foundations at the time of excavation were four or five feet below the surface, showing the rate of accumulation of soil since the villa was occupied.

Some interesting Roman coins, ornaments, and other antiquities have been found, the coins ranging from the first to the fourth century. As most are of Tetricus, about 270, that may be approximately the date of building the villa. It is rather interesting to note that the great Roman road between London and Rochester is not more than a mile away.

To anyone interested in the old Roman civilization, a visit to Darenth will convey a vivid idea of what Roman life in Britain was during the latter days of the Roman occupation.

Correspondence.

To the Editor of Guy's Hospital Gazette.

The Contribution of Guy's men to the Re-endowment Fund.

Dear Sir,—I forward to you a letter which I have received from the Treasurer, showing how truly the Governors appreciate the aid of old students in contributing their princely share towards the funds of the Hospital, and it now only remains for me to heartily thank all Guy's men who responded to my appeal, and have by their exertions enabled me so effectively to raise what is a really magnificent contribution to the re-endowment of the hospital.

These donations forwarded by members of our profession are of peculiar interest, showing, as they do on the one hand, the love of old students for their *alma mater*, and on the other demonstrating the fact that in Guy's Hospital their patients personally recognize the enormous value of one of the greatest medical and surgical schools in the world. Guy's men may well be proud of the generous contributions raised by their own exertions. Should the hope of complete re-endowment be realized, they may remember with satisfaction the share which they themselves have taken in its fulfilment. Again thanking all my old friends and contributors, I am your obedient servant SAMUEL WILKS.

Royal College of Physicians, London, S.W.
June 27th, 1896.

Letter from the Treasurer.

Dear Dr. Wilks,—Now that the Festival, with all its hopes and fears, is over, I am free to gratify the desires of the Governors by offering to you their sincere congratulations upon the splendid results which have attended the efforts of the staff and past and present students in the cause of their Hospital. We are keenly conscious of the important bearing which your own personal influence and the weight of your appeal has had in bringing about this success and this through you as the most representative Guy's man of the day. His Royal Highness, the President, and the Governors tender their warmest thanks to every Guy's man who contributed to what is the largest collection yet received for the Re-endowment Fund. In so doing they feel assured that the support of every one having ties to the place will continue to be actively exercised until the Charity of Thomas Guy is once more safe from the stress and storm of voluntary existence; because the most remarkable circumstance in the inauguration of a remarkable movement has been the devotion of those who know the Hospital best.— Believe me to be, dear Dr. Wilks, yours very faithfully, Ed. H. LUSHINGTON,
Treasurer's House, Guy's Hospital, S.E. Treasurer.
June 26th, 1896.
Samuel Wilks, Esq., M.D., F.R.S.

Reply to the Treasurer.

Dear Mr. Lushington,—I thank you very much for your letter expressive of the kind feelings entertained towards me by the President, Governors and yourself in my endeavours to assist the fund of Guy's Hospital by my appeal to the old students of the Institution. You are sure that what I have done was a labour of love, and the same may be said of all those who have contributed to this splendid collection. The numerous letters accompanying their gifts express in the most glowing and earnest terms the affection and gratitude which Guy's men feel towards their *alma mater*. This spirit pervading all those connected with Guy's is, as you say, most remarkable and is a good augury for the future.—I am, yours faithfully, SAMUEL WILKS.
72, Grosvenor Street, W., June 27th, 1896.
To E. H. Lushington, Esq., Treasurer.

Nursing at the Fever Hospitals.

Dear Sir,—In your editorial note *re* antitoxin in the last number of the Gazette you state that "the difference between the decreased mortality, due to the use of the antitoxin at Guy's and at the fever hospitals, is a marked proof of the good result of good attendance and careful nursing." You here state by implication that "good attendance and careful nursing" are not to be found at "the fever hospitals," a statement which I respectfully protest you have no right to make without being prepared to support it by facts. On reading the paper, whereon the above paragraph was a comment, I find therein that two cases at Guy's "came to a fatal termination through unfortunate accidents—one from hæmorrhage from the carotid artery, and the other from unintentional removal by the nurse of the outer tube." Although I know from my own experience that unfortunate accidents sometimes occur in the Asylums Board Hospitals, I do not think that you, sir, should claim on the strength of these or any other statistics a monopoly of good nursing or attention for Guy's. Indeed, the statement as worded implies that this careful nursing is of recent introduction; for the effect of using antitoxin at the fever hospitals caused a decrease of mortality, whereas the introduction of the same substance at Guy's caused a much larger decrease—in fact, more than double. If, therefore, the low mortality during the antitoxin years is a proof of exceptionally good nursing, by the same reasoning the mortality previous to the use of the drug, having exceeded the other to so great an extent, would prove that the nursing at that time was not up to the proper standard.—Yours sincerely, M. A. B.
28th June, 1896.

We regret that owing to unexpected pressure of material we are obliged to hold over to our next number two letters of considerable importance, the one from a "Ward-clerk" concerning the letter that appeared on the subject of his ignorance in our last issue, the other on the subject of the second teams in different branches of athletics.

Passim.

THE United Hospitals' Sports have come and gone, and the smoking-room is the poorer by a very fine challenge-shield. Our prediction of the last issue has proved correct. Our only chance of success rested with Lowe, and as he was after all unable to compete there could be no doubt that we should inevitably lose the shield which we won with so much glory last year. Sime, Walker and Baker all ran well, and we must hope that, as they are all novices on the track, they may each procure before very long the honour, both to themselves and Guy's, of first places in the U. H. A. C. Sports. St. Mary's won fairly easily in the end, although at one time St. Bartholomew's pressed them close; as we expected, Leggatt, Leaning and Butler all did good performances, and Leggatt's long jump of 22ft. 8in. was exceptionally fine.

THE hospital must retrieve its name in the cricket-field. The cup-tie against St. Bartholomew's is fixed for Monday next at Winchmore Hill. Everyone who can should be there.

THE garden fête at Hanworth Park on behalf of the hospital was, all things considered, a great success. The weather was not quite all that could be desired, the contractor was still less so, and Mr. Lafone's park, being absolutely in the country, is not easy of access. But all things considered the entertainment must be considered very successful; and it reflected considerable credit upon Dr. Kingsford and the local committee who made all the arrangements. Dr. Kingsford himself writes, "I believe the minstrels were the most appreciated show on the ground, and a more jovial lot never came together. Please thank them most heartily, and tell them we hope they were made as comfortable as circumstances allowed." The "Dis-Guysed" appeared three times in regular entertainments, and at sundry other times at the American bar and elsewhere. The "Disguyse" was much admired, especially Messrs. Fox's wigs; and the sketch was enthusiastically received, as well it might be with Messrs. Allport and Miller in the leading parts. Mr. Miller created quite a sensation on the Thursday evening, and made a visible impression upon a section of the audience and the flower-pots.

WE are sincerely sorry to hear that our "premier danseur," Mr. Shepherd, is not only laid up, but is obliged shortly to undergo an operation for the trouble in his knee. It is to be hoped that he will have a speedy, painless and perfect recovery.

Now that the stress of "the season" is over and the great festival dinner and reception are passed, it will occur to many how invaluable has been the work done by the office of the Secretary to the Treasurer. The office has barely been established six months and yet the amount of work it has got through is little short of marvellous. The personal influence of the office has had an effect which cannot well be overrated in finding out and encouraging possible donors and stimulating and organizing all workers concerned. What the "Dis-Guysed" would have done without this influence it is impossible to imagine.

THE list of appointments, prizes and medals is published in another column. The appointments-list is rather smaller than usual, for which the new five-years' regulations and the season of the year must be held to be each in part responsible. In offering our hearty congratulations to the winners of prizes and medals we must offer our heartiest to Mr. Rowlands, who has performed the very rare feat of obtaining one of the Treasurer's medals in his fourth year and at the age of 22, whereas many of us are grey-headed before attaining our fourth year and most would be unable even in our fifth to come within measurable reach of the medal. Our condolences are at the same time due to those who have had the pluck to enter against odds and the bad luck to be beaten. They often prove in the end to be the best men after all.

WE publish, as usual, short accounts of the careers of those gentlemen who have won prizes and medals or have been given resident appointments. When the latter reckon among their number Mr. Tyson and Mr. Bell, there can be no doubt that the *sanum corpus* is well represented.

AMONG the successful candidates at the recent examination for the degree of Doctor of Medicine of the Brussels University were two old Guy's men, Francis H. Edwards and Frederic Vicars. Dr. Edwards obtained 'La plus grande distinction,' which has not been conferred upon any candidate for over twenty years.

IT always requires considerable energy to compete for any prize that is not particularly connected with one's own institution, and our best congratulations are due to Mr. C. T. Hilton, who has just been awarded the Barker prize by the Royal College of Surgeons of Ireland, for a dissection of the internal ear "made at Guy's." This certainly shows a most commendable energy, and the result does honour alike to our hospital and to one of its most time-honoured names in its history.

ON Saturday, June 27th, a small and select, but eminently successful dinner was given in honour of Mr. B. A. Richmond, by his dressers and ward clerks. The proceedings, which took place at the Bridge House Hotel, were of an exceedingly festive character. Messrs. Howard, Fortescue-Brickdale, and others, spoke in eulogistic terms of Mr. Lucas and his H. S., to which the latter responded in a like manner. The goddess of music was invoked by Messrs. Handson and Starling. The entertainment was concluded by a tour *en masse* around the wards more or less appropriate to Mr. Lucas.

A SELECT party of the Debating Society sat down to dinner in the reading-room on Friday, June 26th, and enjoyed themselves heartily. A very good dinner was provided, after which, as is usual on this occasion, the chairman, Mr. F. G. Hopkins, called upon various gentlemen in turn to propose certain motions on the spur of the moment. And so Mr. V. E. Collins convinced the house that President Krüger's character was most praiseworthy; Mr. F. E. Fremantle that the 18th century was greater than the 19th; Mr. R. Howard that physical research was a bar to true progress; Mr. Cock that a student with his face blacked cut a ridiculous figure; Mr. H. J. Starling that life would be tolerable but for its enjoyments; in fact, by the time of their dispersion at 10 o'clock, the society were changed men.

THE title of Mr. Salter's article in our last number was incorrectly given owing to a misprint. It should have been Sero-therapy at Guy's. A second article on the subject is given in the present issue and relates to the use of Antistreptococcin.

WE publish a letter from a correspondent signing himself M. A. B., who takes exception to some remarks we made in our last issue on the subject of Mr. Salter's article. We must apologise, and we do so with all sincerity, for having appeared by mistake to underrate the quality of the nursing at the fever hospitals. Such was by no means our intention. In writing the note we had in our mind the fact that every tracheotomy case in Guy's has the sole attention of a special nurse, a circumstance which is of extreme value in cases where the task of inducing the patient to take food is as difficult and tedious as it is important. But comparisons are odious, and it may prove that the apparently different results of treatment by antitoxin in the respective institutions are due to the fact that the M. A. B. deal with 250 and Guy's with 45 cases in the year, numbers which are too small to warrant any very minute or conclusive deductions.

THERE are many of the junior men who go away for six weeks or two months' holiday in the summer and have nothing very much to do. We have decided, therefore, to offer a prize for a written article on some subject of general interest, to be competed for by men in their first three years only or by members of the nursing staff, and to be published in the GAZETTE towards the end of September, if found to be of sufficient merit. Further details may be had on reference to another column, or on application at the Medical School office.

WE publish on our first page of to-day's issue a calendar of coming events, which we hope to establish as a regular feature of the GAZETTE. For this purpose we must ask the assistance of all persons concerned, the secretaries of the sporting and other clubs connected with the Clubs' Union, the secretaries of club-dinners, intending readers of papers to medical and surgical societies in town, residents, dressers and clerks who are arranging for photographs of their firms, and other persons responsible for any arrangements whatsoever immediately connected with Guy's, and request them to send in their corrected list of fixtures for the coming fortnight by Wednesday, at latest, in each GAZETTE week. The Editor's box in the colonnade is always open to contributions.

A NOVEL entertainment to us who are saturated with nigger songs and blacking will take place next week on behalf of the re-endowment fund in the Central Hall, Holborn, W.C., in the shape of a Life Saving Exhibition. This will be open from Thursday 9th till Saturday

18th, and would be well worth a visit. There will be demonstrations by members of the St. John's Ambulance Association and the Life Saving Society, there will be concerts and musical drills, a ladies' orchestra will play both in the afternoon and evening, and everything ought to go very pleasantly.

The hymeneal propensities of sisters and students has become so notorious of late that they no longer excite the same curiosity and enthusiasm. Nevertheless it will interest many who were friends of Dr. C. S. Pantin in his student days, or of a former sister in Accident ward, to glance at our column of births, marriages and deaths.

The Secretary of the Clubs' Union asks us to publish the following vote of thanks passed by the Council at their last meeting:—"The Council of the Clubs' Union desire to return their best thanks to those members of the Union who have subscribed to present the clock for the pavilion at Honor Oak Park."

The following extracts from a letter recently received by the Dean of the Medical School, are evidence of the habits of some advertisers with regard to the testimonials given them, and a distinct warning to all medical men strenuously to refuse to praise anything commercial in writing:—

Dear Sir,—Many thanks for calling my attention to the disgraceful use of my name and that of Guy's Hospital *re* ——. It is true that I gave a testimonial to the —— Company, but by the alterations of and additions to the original a distinct moral forgery is committed. . . . . I absolutely deny that I wrote M.D. as my title, or that I have ever done so in my life. . . . . I feel pretty certain that the addition, "Guy's Hospital," was made by the same Company; that the name of my School was obtained from the Directory.

Re-Endowment Fund.

The editor of a serio-comic journal has, by his wit, run some risk of doing great harm to the cause. In a paragraph, which is unfortunately not headed "comic," he gives the names of some ten or a dozen noble Dukes, whom he states have each subscribed sums varying between £30,000 and £50,000, towards the Re-endowment Fund of Guy's Hospital, and have thus provided this Charity with all the money it requires. The subtle wit of the suggestion has escaped the keen eye of editors of some of his contemporary journals, with the result that they have reproduced the bare statement that Guy's Hospital has received the £500,000 for which it is asking. The congratulations that the authorities are in consequence receiving, instead of the additional donations and subscriptions they are expecting, are embarrassing, and to prevent the further spread of the rumour we trust publicity will be given to the fact that the original paragraph is only a joke, and that the total amount subscribed to date is only just over £160,000.

The balance of the articles left in the cloakroom at the Imperial Institute on the 10th ult. have now been forwarded to the office of the Secretary to the Treasurer, and prompt inspection from those interested is invited.

Planned on a vast scale, splendidly organised and bravely carried through, the garden fête at Hanworth Park on the 23rd, 24th and 25th ult. went well from start to finish. In the unavoidable absence of H.R.H the Duchess of Teck, the fête was opened by the Dowager Duchess of Wellington. Favoured by fine weather, the round of entertainments never flagged, and their quality was of the very best. Of course, the military display of the 4th Hussars, the music of their band and that of the Royal Military School of Music was prominent, and it may be added, without fear of the charge of partiality being brought, that the "Dis-Guysed" minstrels and orchestra acquired fresh honours. They performed on all three evenings, giving two shows on the final night, and their audiences throughout were large and enthusiastic. In spite of the heavy expenses necessarily attaching to such an elaborate undertaking, we do not doubt that the net result will be a substantial addition to the fund, and we beg to thus publicly tender the sincere thanks of the Hospital to Mr. Alfred Lafone for so kindly lending his beautiful grounds; to Dr. Kingsford, the members of the Committee, and the Stewards for their generous and able efforts, and for the unvarying kindness and consideration shown to the minstrels and to those who came down from the Hospital.

Pass List.

University of Cambridge, June, 1896.

SECOND EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES.

Part I.

J. H. Roberts.

Part II.

H. A. Gaitskell. E. C. Taylor.

Prize Competition.

A prize of two guineas will be awarded in September next for the best article on some subject relating to the incident and travel of a holiday. If of sufficient merit, the winning article will be published in the Gazette, and a second prize will be given for any MS. that may be worthy of publication. The prize will be open to stndents in their first, second and third years, and to members of the nursing staff. For further particulars apply to the Medical School office.

Appointments.

THE following appointments have been made by the Treasurer :—

HOUSE APPOINTMENTS.

House-Physicians.—Messrs. W. H. Jewell (Dr. Taylor); C. D. Edwards (Dr. Goodhart).

House-Surgeons.—Messrs. W. S. Handley (Mr. Lucas); E. E. Henderson (Mr. Golding-Bird).

Assistant House-Physicians.—Messrs. C. J. Harnett and W. Tyson.

Assistant House-Surgeons.—Messrs. H. T. S. Bell and H. A. Moffat.

Resident Obstetrics.—Messrs. A. H. Spicer (July), H. R. T. Fort (August), and T. B. Poole (September).

The following appointments have been recommended by the Medical Council, and approved by the Treasurer :—

Clinical Assistants.—Messrs. C. H. Fagge, P. N. Vellacott, W. C. C. Pakes, C. T. Anderson, T. L. Jackson and F. G. Thomas.

Dressers in the Eye Wards.—Messrs. C. E. Michael and J. N. Gardiner (July) (Mr. Higgens); W. L. Garner and C. Jephcott (July) (Mr. Brailey); V. E. Collins and G. K. Levick (September) (Mr. Higgens); N. H. Pike and R. P. Rowlands (September) (Mr. Brailey).

Surgeons' Dressers.—Messrs. W. Mussellwhite, R. W. Mayston, M. H. Thornely, A. R. Adams, J. G. Watt, H. W. Allan (Mr. Howse); W. C. Milward, C. R. Nicholson, H. Simson, Evan Evans, W. J. Lindsay, M. H. Way (Mr. Davies-Colley); B. B. Gough, C. R. Hodgson, H. J. Starling, S. E. Denyer, F. E. Fremantle, F. S. Batchelor, (Mr. Lucas); E. S. Hall, A. J. Cleveland, A. T. Falwasser, F. J. Nicholls, S. H. Longhurst, A. H. M. Saward (Mr. Golding-Bird).

Assistant Surgeons' Dressers.—Messrs. H. W. Bruce, G. E. Richmond, P. Turner, W. K. Wills (Mr. Jacobson); W. E. Waymark, W. J. S. Harvey, W. S. Richardson (Mr. Symonds); L. H. Lewis, R. T. Fitz-Hugh, E. W. S. Rowland (Mr. Lane); H. D. Peile, S. Pennington, T. H. W. Landon (Mr. Dunn).

Medical Ward Clerks.—Messrs. H. N. Collier, H. Cardin, W. H. M. Smith, K. B. Alexander, E. C. Davies, J. A. Glover, G. N. Mottram, H. P. W. Barrow, A. H. B. Kirkman, W. T. Milton, J. E. H. Parsons, R. J. Pritchard, H. S. Turner, R. Balderston, G. H. Bedford, E. Fryer, A. B. Passmore, W. H. M. Telling, V. J. Crawford, L. E. C. Handson, L. Humphry, G. Chetwode Owsley, E. R. Row, H. Munro, F. H. Hardy and A. D. Lewis.

Assistant Physicians' Clerks.—Messrs. J. Moore and S. Whicher (Dr. Pitt); W. T. Milton and H. S. Turner (Dr. Shaw); C. E. Hibbard and H. P. W. Barrow (Dr. Washbourn).

Dressers in the Throat Department.—Messrs. J. Robertson, A. G. Butler, H. W. Dudgeon, C. R. Evans, A. H. Finch, T. W. Stanton, S. C. Clapham, W. T. Clarke.

Dental Surgeons' Dressers.—Messrs. W. E. Plummer (July–August); W. F. Reckitt (August–September); D. B. Todd (September–October).

Aural Surgeon's Dressers.—Messrs. F. C. Hitchins and E. F. Clowes (July–August); W. E. Hills and A. J. Wernet (September–October).

Post-Mortem Clerks.—Messrs. E. D. Hancock and L. Worts (July–August); J. M. Fortescue-Brickdale (September–October).

Obstetric Ward Clerks.—Messrs. C. C. Stead, E. F. Clowes and Edward Evans.

Obstetric Out-Patients' Clerks.—Messrs. W. J. Henson, A. J. Wernet, A. G. Butler (first half); C. A. C. Salmon, A. B. Carter, W. E. Hills (second half).

Clerk in the Skin Department.—Mr. S. Whicher.

Assistant Surgeons' Clerks.—Messrs. J. A. Glover, A. B. Passmore (Mr. Jacobson); G. M. Brown (Mr. Symonds); A. H. Carter (Mr. Dunn).

Clerks in the Electrical Department.—Messrs. E. W. S. Rowland (July–August); E. Ivens Spriggs (September–October).

Surgical Ward Clerks.—Messrs. T. P. Berry, H. S. Crapper, H. L. Eason, L. H. McGavin, S. A. Ruzzak, F. E. Walker, W. L. Baker, J. L. Payne, A. R. Thomas, E. Ashby, L. D. B. Cogan, N. Williams, H. N. Clarke, A. A. Miller, T. H. Body, T. W. S. Browne, J. T. De Coteau, E. B. Dowsett, B. Isaac, J. Harris, R. O. Jones, A. Reid, J. J. Rodil, T. M. Walker.

DENTAL APPOINTMENTS.

The following Dental Appointments have been recommended by the Dental Council, and approved by the Treasurer :—

Dental House-Surgeons.—Messrs. L. Bidlake, C. J. Hinchliff, and L. Ta'Bois.

Assistant Dental House-Surgeons.—Messrs. G. G. Ellis and E. C. Brown.

Demonstrators in the Conservation Room.—Messrs. P. H. Cook, W. Floyd, and R. G. S. Holmes.

CIVIL.

BISSHOPP, FRANCIS R. B., M.A., M.D. Camb., has been appointed Honorary Consulting Physician to the Tonbridge Union and Infirmary.

HIBBERD, H. J., M.R.C.S. Eng., L.S.A., has been appointed Medical Officer for the Brockenhurst District of the Lymington Union.

HIND, ALBERT, L.R.C.S. Edin., L.M., has been re-appointed Medical Officer of Health to the South Molton Town Council.

JACOBSON, WALTER H. A., M.B., F.R.C.S. Eng., has been appointed Examiner in Anatomy for the Fellowship of the Royal College of Surgeons of England.

LUCAS, R. CLEMENT, M.B., B.S. Lond., F.R.C.S. Eng., has been appointed Examiner in Anatomy for the Second Examination of the Royal College of Surgeons of England.

ROBERTS, E. C., M.R.C.S. Eng., has been re-appointed Medical Officer of Health by the Southgate District Council.

STARLING, ERNEST H., M.D., B.S. Lond., M.R.C.S., has been appointed Examiner in Physiology for the

Fellowship of the Royal College of Surgeons of England.

STEVENS, THOMAS G., M.D. Lond., F.R.C.S. Eng., has been appointed Examiner in Elementary Biology for the First Examination of the Royal College of Surgeons of England.

MILITARY.

MARDER, Surgeon-Capt. E. S., has been posted to Devonport.

LUCE, Lieut. R. H., M.B., F.R.C.S., has been appointed Surgeon-Lieutenant in the 1st Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment), from the 2nd Volunteer Battalion the Wiltshire Regiment.

Medals and Prizes.

THE TREASURER'S GOLD MEDAL FOR CLINICAL MEDICINE

Has been awarded to Mr. W. Ramsden.

THE TREASURER'S GOLD MEDAL FOR CLINICAL SURGERY

Has been awarded to Mr. R. P. Rowlands.

THE RICHARD BREDIN PRIZE FOR CLINICAL STUDY

Has been awarded to Mr. B. B. Ham.

FOURTH YEAR'S STUDENTS' PRIZES.

Mr. R. P. Rowlands (first prize) ... £25
" E. Ivens Spriggs (second prize) ... £10
" C. T. Anderson ... ... Certificate.

THIRD YEAR'S STUDENTS' PRIZES.

Mr. H. W. Bruce (first prize) £25
" P. Turner (second prize) £10
" G. E. Richmond ... ... Certificate.
" W. T. Milton ... ... "
" W. Mussellwhite ... ... "
" C. L. G. Chapman ... "

Dental Prizes.

SECOND YEAR'S STUDENTS.

Mr. K. W. Goadby, (prize) ... ... £15.
" G. Chatterton... ... ... Certificate.
" G. G. Ellis ... ... "

FIRST YEAR'S STUDENTS.

Mr. H. A. G. Butler (prize) ... ... £10.
" A. Kendrew ... . Certificate.
" V. G. Smith ... ... "
" B. J. Sumerling ... ... "

PRACTICAL DENTISTRY PRIZE.

Mr. G. Chatterton (prize) £10
" J. M. C. Jacobs ... ... } Equal,
" G. Naish ... ... } Certificates.

Sport.

Cricket.

GUY'S v. EASTBOURNE.

Played at Eastbourne on Friday, June 19, ending in a win for the home team after an exciting finish, by 11 runs. Eastbourne batted first. After loosing Wilkinson at 16, Hind and Vine hit out freely, and it was not till the last over before lunch that another wicket fell, the score then being 112 for two. After lunch wickets fell fairly fast, and the innings closed for 212. Hind batted very well for 72, some of his cuts being very fine. Wetherell and Trubshaw started the innings for Guy's, but the total was only twelve when Wetherell failed to stop a yorker. Trubshaw very soon afterwards was well taken at the wicket, and two wickets were down for 27. Clarke now joined Alexander, and a better stand was made, the score rising rapidly; at 92, however, Alexander was caught at the wicket for a careful 23. With only 3 runs added, two more wickets fell, but Cohen and Humphry brought the total up to 126 before the former was bowled. With Barker in runs came freely, but just when we seemed to have the match in hand Humphry foolishly ran himself out, the score then being 164 for seven wickets. A few overs later Barker was also badly run out. The last wicket added 20 before Walker was clean bowled, the innings closing for 201. Scores:—

EASTBOURNE.

A. M. Wilkinson, b Goddard	7
F. L. Hind, b Clarke	72
J. Vine, c Cohen, b Nicholls	41
A. G. King, c Clarke, b Barker	23
W. H. Whatley, b Clarke	7
C. Harrison, c Durbridge, b Barker	22
E. Shoosmith, run out	6
L. C. Glascock, b Clarke	13
A. White, c Humphry, b Nicholls	5
R. Wells, not out	0
A. Gibson, b Clarke	0
Extras	16
Total	212

GUY'S.

K. V. Trubshaw, c Gibson, b Vine	16
F. C. Wetherell, b Vine	5
K. B. Alexander, c Gibson, b Wells	23
A. E. Clarke, b Wells	40
F. J. Nicholls, c Wells, b Shoosmith	3
L. Humphry, run out	42
E. Cohen, b Wells	10
H. M. Barker, run out	14
F. E. Walker, b Wells	17
H. Durbridge, c Hind, b Glascock	3
E. G. Goddard, not out	11
Extras	17
Total	201

GUY'S v. EASTBOURNE.

This return match was played on the Saffrons, Eastbourne, on Saturday, June 20th, and ended, after another exciting finish, in a win for Eastbourne by 3 runs. Guy's won the toss and an excellent start was made, 39 being put on before Nicholls was bowled for a careful 22. Alexander was taken in the slips soon afterwards, and Clarke was nicely taken in the same place with a good innings of 21. Trubshaw and Wetherell stayed for a short time, but five wickets were down for 100, Wetherell being caught at the wicket for a well-played 26. Durbridge made a useful 22 and with Goddard added 20 for the last wicket, the innings closing for 171, a rather poor total on such a good wicket. Eastbourne lost two wickets for 25, but on Moire joining Street, a determined stand was made, and 70 was put up before Street left for an excellent innings of 40. No one stayed very long after this, and eight wickets were down for 165. Muriel soon made the winning hit and one drive for 4, but in the next over both Wells and Wheeler were out, and the innings closed for 174. The bowling analysis was evenly distributed—Wetherell, three for 32; Clarke, four for 51; and Nicholls, two for 30. Scores:—

Guy's.

	1st Innings.		2nd Innings.
F. J. Nicholls, b Street	22	c Moire, b Baker ...	14
A. E. Clarke, c Moire, b Wheeler	21		
K. B. Alexander, c Moire, b Wheeler	2	not out...	48
F. C. Wetherell, c Gibson, b Stanborough	26		
R. V. Trubshaw, c Streatfield, b Wheeler	17		
L. Humphry, b Stanborough	9		
H. M. Barker, b Baker	21		
E. Cohen, b Stanborough	1	not out...	1
H. Durbridge, not out	22		
F. E. Walker, b Baker	0		
E. G. Goddard, b Pike	11	b Baker...	4
Extras	19		
Total	171		67

Eastbourne.

H. B. Street, b Wetherell	40
A. Baker, b Clarke	5
B. F. Hanson, b Clarke	4
C. G. Moire, b Clarke	31
M. H. Stanborough, b Clarke	13
T. M. Pike, c Clarke, b Nicholls	12
E. L. Streatfield, c Barker, b Nicholls	0
A. Gibson, c Goddard, b Barker	19
R. Wells, lbw Wetherell	17
Rev. H. C. Muriel, not out	6
Wheeler, b Wetherell	0
Extras	27
Total	174

Extract from an Eastbourne paper on an incident that happened during the last over of the Eastbourne innings.

"Two balls were quite enough for Wheeler. The first he drove back with tremendous force to Wetherell, nearly knocking that bowler off his pins, and with the second Wetherell sent Wheeler's off stump flying out of the ground, just as an exchange of compliments and to show a friendly sort of feeling, you know." *The local poet then comes to the fore with*—

"Lex Talionis: A Drama in Two Acts."

I.

"The batsman smashed the bowler's foot
With a hit that was meant for a fourer."
(Interval of five minutes for repairs.)

II.

"The bowler floored the batsman's stump
With a ball that was meant for a floorer."
Exeunt omnes.

GUY'S v. UNIVERSITY COLLEGE HOSPITAL.

On Tuesday, June 23rd, we met University and beat them by 129 runs. University had the good fortune to win the toss, but did not gain much advantage owing to their feeble batting. Clarke bowled very well at the start and Nicholls caught two good catches at slip. After four men had been got rid of for 48, Ricketts and Tucker made a useful stand, but Nicholls on bowling instead of Trouncer, who had stuck the batsmen up more than once but failed to get a wicket, soon got rid of Ricketts with a bailer. Tucker played well for 43, though he was somewhat lucky early in his innings. The last man was got rid of at luncheon, and the innings closed for the poor score of 137. Clarke bowled very well, taking six wickets for 67, Nicholls having three for 20.

Guy's started very badly, losing Nicholls before he had scored, and Trouncer with the total only at 8. Alexander and Clarke then made a much needed stand, and the score was taken to 47 before Clarke was bowled for a useful 16. Ten runs were added when Alexander was easily caught for a good 26. Wetherell did not stay long, and Trubshaw, after batting well for 20, was easily caught at extra-cover. This brought Humphry and Barker together and a stand was made. Aided by some luck runs came briskly, and their total was safely passed with four wickets in hand. Humphry was caught soon afterwards for a useful but lucky 63, included in which were one 6 and ten 4's. Barker followed soon afterwards for a well-played 17, made at a critical part of the game. Durbridge and Goddard played excellent cricket, and hit the bowling to all parts of the field, the total eventually reaching 266. Scores:—

Guy's.

F. J. Nicholls, b Capper	0
A. E. Clarke, b Tucker	16
C. A. Trouncer, c Barwell, b Stallard	2
K. B. Alexander, c Pretty, b Ricketts	26
R. V. Trubshaw, c Ricketts, b Capper	20
F. C. Wetherell, b Stallard	7
L. Humphry, c Barwell, b Ricketts	63

H. M. Barker, b Capper	17
H. Durbridge, c Rose, b Stallard	36
E. G. Goddard, not out	44
F. E. Walker, b Capper	0
Extras	35
Total	266

UNIVERSITY.

C. E. Marriot, c Nicholls, b Clarke	0	run out	1
C. H. Bidwell, b Clarke	16	b Goddard	24
H. C. Pretty, c Nicholls, b Clarke	7	run out	0
A. Ricketts, b Nicholls	31		
R. A. de B. Rose, lbw Clarke	5		
W. E. Tucker, c Alexander, b Nicholls	43		
F. R. Barwell, run out	2	b Goddard	4
E. H. Stanley, b Clarke	0		
H. S. Capper, c Clarke, b Nicholls	9		
N. F. Stallard, not out	10		
A. Clathwayt, b Clarke	2		
Extras	12		
Total	137		29

GUY'S v. CROYDON.

Played at Honor Oak Park, on Wednesday, June 24th, and resulted in an easy win for the Hospital two minutes before time. Nicholls won the toss and started batting with Alexander but the score was only 11 when Alexander, was canght by the bowler. W. I. Hancock then joined Nicholls and the bowling was completely mastered, but at 88 Nicholls was given out lbw. With Trubshaw in runs came at a great pace, but with the score at 149 Hancock was caught in the deep field for a splendid 67. Wetherell and Trubshaw continued to score quickly, but just when Trubshaw seemed likely to top the century he foolishly ran himself out: he played very fine cricket for his 89. Stamford and Wetherell raised the total to 276 when the innings was declared closed, Wetherell being not out with an excellent 40.

With only two hours left for play, Croydon could not hope to get the runs. Lavers played well but was rather lucky in not being caught. Watson was the only other man on the side to resist our bowling, but with about six minutes to play and two wickets to go down, Nicholls went on with lobs, his second over proving fatal to Watson and Lewis and thus winning the match for us just on the stroke of time. Scores:—

GUY'S.

K. B. Alexander, c & b Watson	9
F. J. Nicholls, lbw Patey	39
W. I. Hancock, c Wood, b Archer	67
K. V. Trubshaw, run out	89
F. C. Wetherell, not out	40
R. B. Stamford, not out	12
Extras	20
Total (4 wickets)	276

L. Humphry, A. E. Causton, E. D. Hancock, H. Durbridge, E. G. Goddard did not bat.

CROYDON.

N. Lavers, c Stamford, b Alexander	47
F. Hill, b W. I. Hancock	3
C. L. Hill, lbw Goddard	4
F. E. Landen, b Goddard	10
S. A. Watson, b Nicholls	43
J. A. Archer, c Goddard, b Alexander	2
R. Curgenven, c & b Alexander	4
A. Patey, c E. D. Hancock, b W. I. Hancock	9
L. Wood, not out	8
A. C. Lewis, b Nicholls	0
Extras	9
Total	139

GUY'S v. BICKLEY PARK.

Played at Bickley on Saturday, June 27th, ending in a crushing defeat of the Hospital. Bickley had the good fortune to win the toss, and took full advantage of an excellent wicket by keeping us out in the field till four o'clock, chiefly owing to the brilliant stand of Solbe and Fisher, who both batted in good style for their runs. With six wickets down for 282, Bickley declared and sent us in with two and a half hours left for play. Guy's started most disastrously, as both Clarke and Nicholls were out with only one run on the board. Such a bad start seemed to unnerve the rest of the team, as, with the exception of Wetherell, the batting was feeble and lifeless, the whole side being dismissed for a paltry 88, the smallest total we have made this year. Scores:—

BICKLEY.

J. H. Kelsey, lbw, b Goddard	3
F. D. L. Solbe, b Nicholls	113
S. A. Smith, lbw, b Nicholls	31
W. W. Cooper, c Durbridge, b Wetherell	0
B. H. Latter, b Wetherell	5
F. Fisher, c Trubshaw, b Nicholls	99
W. G. Livingstone, not out	25
W. Luxmore, not out	0
Extras	6
Total	282

R. B. Aitken, E. Dove and Foxly did not bat.

GUY'S.

A. E. Clarke, c Livingstone, b Foxly	0	c Foxly, b Luxmore	14
F. J. Nicholls, b Foxly	1	b Cooper	26
K. B. Alexander, c & b Kelsey	5		
K. V. Trubshaw, b Foxly	11		
F. C. Wetherell, c & b Kelsey	23		
L. Humphry, c Solbe, b Foxly	12		
E. Cohen, c Fisher, b Kelsey	5		
H. M. Barker, c & b Kelsey	2		
H. Durbridge, not out	6	run out	4
A. C. H. Gray, c Dove, b Kelsey	0		
E. G. Goddard, st Dove, b Foxley	4	not out	0
Extras	15		7
Total	84		51

We play Bart.'s on Monday, July 6th.

GUY'S 2ND v. LONDON HOSPITAL 2ND.

Played at Edmonton, on June 6th, and resulted in an easy victory for us. Hunter and De Coteau did excellent work, not only with the bat, but also in taking our opponents' wickets for the small total of 36. Beavis and Barrow also proved in good batting form. Scores:—

GUY'S 2ND.

P. D. Hunter, lbw Pike	32
J. T. De Coteau, b Pike	36
H. H. Butler, lbw Marsh	5
J. Beavis, c Martin, b Pike	32
H. Durbridge, b Marsh	8
M. Thornely, b Pike	1
H. P. W. Barrow, not out	29
G. Shorland, lbw Pike	13
A. C. Lewis, b Marsh	8
W. W. Harrison, c Martin, b Marsh	0
Extras	18
Total	182

LONDON HOSPITAL 2ND.

	1st Innings.	2nd Innings.	
Turnbull, run out	1	b Thornely	3
Pike, b De Coteau	7	b Beavis	7
Edington, c Durbridge, b De Coteau	2		
Marsh, b De Coteau	4	c Shorland, b Thornely	3
Skelton, c Durbridge, b Hunter	7		
Vaile, c Beavis, b Hunter	2		
Ridewood, b Hunter	6		
O'Flahertie, b De Coteau	2	b Thornely	1
Symons, c Thornley, b Hunter	0		
Faulkes, b Hunter	0		
Cruikshanks, not out	0	not out	1
Extras	5		3
Total	36	Total for 4 wkts.	18

GUY'S 2ND v. ST. MARY'S 2ND.

Played at Honor Oak, on June 13th, and resulted in an easy victory for us. Scores:—

GUY'S.

P. D. Hunter, run out	45
J. T. De Coteau, b Page	41
J. Beavis, c Caley, b St. John	28
T. Morgan, b St. John	52
W. G. Palmer, c Wilson, b St. John	12
H. H. Butler, lbw, b St. John	14
M. H. Thornely, not out	3
H. P. W. Barrow, not out	6
Extras	9
Total for six wickets	210

A. C. Lewis, H. H. Bignold and G. Shorland did not bat.

ST. MARY'S.

Page, b Palmer	3
Wilcox, b Palmer	0
Clarke, c Bignold, b Hunter	7
Gould, b Palmer	1
Moore, c Bignold, b Palmer	19
St. John, b Palmer	2
Caley, b Palmer	15
Farquahson, b Palmer	0
Tattersall, not out	3
Walker, b De Coteau	0
Extras	13
Total	63

GUY'S 2ND v. OSBORNE C.C.

This match was played at Honor Oak on June 20th, when we were again victorious. Scores:—

OSBORNE.

E. R. Wilks, b De Coteau	0
W. H. Paton, c Walling, b De Coteau	15
E. Coombs, c Ham, b De Coteau	0
P. Ferguson, lbw	3
L. Munro, b De Coteau	0
R. Sulton, b De Coteau	0
C. J. Blaine, c Barrow, b Butler	4
P. Brough, not out	0
P. Paton, b Butler	0
W. Hines, run out	0
Extras	8
Total	30

GUY'S.

A. C. Lewis, b Coombs	2
J. Harris, b Wilks	4
H. P. Barrow, b Wilks	14
M. H. Thornely, b Wilks	16
H. A. G. Butler, c Munro, b Wilks	16
P. D. Hunter, b Paton	40
J. Beavis, c Sutton, b Paton	5
J. T De Coteau, b Wilks	0
T. Morgan, c sub, b Coombs	6
A. E. Cawston, b Paton	27
H. W. Walling, not out	10
Extras	55
Total	195

GUY'S 2ND v. LONDON HOSPITAL 2ND.

Played at Honor Oak, on June 27th, and resulted in our eighth victory this season. Palmer again proved in great form with the ball, taking five wickets for only 12 runs. Scores:—

LONDON HOSPITAL.

R. C. Turnbull, b De Coteau	12
J. A. Agar, run out	8
Skilton, b Palmer	7
Cruikshanks, not out	6
Bain, b Palmer	0
Edginton, b Butler	1
Groves, b Palmer	0
Ridewood, b Palmer	6
Vail, c Hunter, b Morgan	4
O'Flahertie, b Palmer	3
Marsh, run out	0
Extras	25
Total	72

Guy's.	
J. T. De Coteau, c Cruikshanks, b Vail	2
P. D. Hunter, b Skilton	21
J. Beavis, b Skilton	31
T. Morgan, b Marsh	4
W. G. Palmer, lbw, b Skilton	5
H. W. Walling, b Marsh	5
H. A. G. Butler, lbw, b Marsh	18
H. P. W. Barrow, b Marsh	5
J. Harris, c sub., b Marsh	13
A. C. Lewis, b Marsh	0
M. H. Thornely, not out	0
Extra	9
Total.....	113

United Hospitals' Athletic Club.

THIRTIETH ANNUAL MEETING.

Weather which temporarily threatened to cause the postponement of the whole meeting, but which ultimately proved much more satisfactory, favoured this annual Inter-Hospital contest at Stamford Bridge last Wednesday week. When the majority of the spectators, of which a very considerable proportion were ladies, arrived at the ground about three—the advertised hour for starting—the track, or at any rate that part of it that is run on, was seen to be entirely under water, the result of a terrific rain storm a few minutes previously. Up the back straight the flood extended right across the track. However, Nat Perry and his *confrères*, by vigorously cleaning out the drains, managed to get rid of most of the superfluous water by the half-hour, but the track was left in a very muddy and sodden condition. As the result of this, the times were, on the whole, slower than usual. One brilliant exception, though, was that of the 220 yards, Woodyatt accomplishing the fine performance of knocking down the record by $\frac{1}{10}$ sec. His time was 22½ sec., the previous record being Bell's 22⅘ secs. in 1892. From the Guy's point of view, it must be confessed that the sports were disappointing. For the first time since 1890 we failed to get a first. True, we had lost all our old champions—too well known to need enumeration—but still we did hope that, with just a little luck, we might pull off one event. Which event that was to be we certainly did not know. Our chances of doing this were somewhat discounted by Lowe's inability to run or jump, and we must say that, even untrained, he would have had a very fair chance in the hurdles. From a general point of view, also, the sports were hardly as interesting as usual, so many events being practically settled before the starter's pistol sounded. Butler for the half and quarter, Leggatt for the jumps, Bennett for the strong events, and Woodyatt for the sprints, Coltart, too, for the hurdles, had been for some time before the day regarded as "dead certs"—and they fully justified their supporters' prophesies. So that the only two races in which there was any doubt as to the result, were the long-distance events. Of these, Leaning won the mile in the excellent time, for him, of 4 min. 42⅘ sec. It had been hoped Balderston would show up well in this, but although he ran better than usual, he was unable to hold Leaning in the last lap. The three miles produced a rare tussle between Baker and Vaughan, of Bart.'s; the latter, though, ultimately won comfortably. The time was much slower than it has been for many years. As a general rule, the winners of all the events were easily first; the race for second place, however, in many cases produced good finishes. As will be seen, Guy's gained five of these, so that next year, with careful training and a little trouble, we ought to be able to chronicle a better result on our own part.

The London Victoria Military Band discoursed sweet music despite the moist surroundings. There is just one question, however, that we should like to ask: Are we ever going to hear the last of that "Shop Girl"? It really is getting just a wee bit stale, and whether "by desire" or no, we hope we have really heard the last of it. At the conclusion of the sports, Mrs. Voelcker presented the prizes, and after the usual cheers, ending with a real good one for Mary's, the winners, the meeting closed. We are sure that everyone is pleased with the destination of the shield. Next to its being at Guy's, there is no place where, personally, we would rather it were lodging. It is the first time Mary's have ever been champions, and we offer them our sincere congratulations.

The arrangements, though somewhat upset by the weather, were, on the whole, admirably carried out by the following officials:—Hon. Sec.: H. C. Woodyatt. Judges: A. F. Voelcker, Esq., M.D.; G. R. Turner, Esq., F.R.C.S.; A. A. Bowlby, Esq., F.R.C.S.; H. A. Munro, Esq., M.D. Referee: S. K. Holman, Esq. Clerks of the Course; J. G. Turner, Esq., F.R.C.S.; P. Furnival, Esq., F.R.C.S.; G. E. Mould, Esq.; B. C. Green, Esq.; A. P. Square, Esq. Timekeeper: Nat Perry. Starter: C. L. Lockton, Esq.

The heats of the 100, quarter, 220, and hurdles had been run off on the previous Monday, but were unproductive of any times or performances worthy of record. There were practically no spectators, and the informal nature of the proceedings made an agreeable diversion from the routine of training.

Details.

100 Yards Challenge Cup (presented by St. Thomas's Hospital, 1882).—Holder, H. C. Woodyatt, University. Time, 10⅘ sec. Record, B. B. Conolly, Guy's. Time, 10⅕ sec., 1868. Final heat: H. C. Woodyatt, University, 1; F. W. Sime, Guy's, 2; C. H. Francis-Williams, St. George's, 3; G. H. Coltart, Westminster, 4. Sime got off much better than usual, but never headed Woodyatt, who won somewhat easily by a yard and a half in 10⅘ sec. Williams a yard behind Sime. Leggatt was qualified, but did not run.

Half-Mile Challenge Cup (presented by J. G. Beaney, Esq., M.D., Guy's Hospital, 1879).—Holder,

A. G. Butler, St. Mary's. Time, 2 min. 0⅖ sec. Record, A. G. Butler, St. Mary's. Time, 2 min. 0⅖ sec., 1895. A. G. Butler, St. Mary's, 1; F. E. Walker, Guy's, 2; S. Mason, St. Bartholomew's, 3; H. C. Whiteside, Middlesex, 0; F. S. Batchelor, Guy's, 0; J. F. Cunningham, St. Thomas, 0; W. Paul Jones, St. George's, 0. Batchelor made the running for the first lap (time 60 sec.). Passing the grand stand the second time, Walker went in front, followed by Mason and Butler. At the top of the back straight Mason rushed to the front, only to be passed at the top bend by Butler, who, spurting strongly, led to the finish, winning by three yards from Walker, who beat Mason by something over a yard. Time, 2 min., 2⅘ sec.

PUTTING THE SHOT.—Holder, W. F. Bennett, St. Bartholomew's. Distance, 35ft. 10in. Record, W. G. West, St. Bartholomew's, 38ft. 3in., 1889. W. F. Bennett, St. Bartholomew's, 34ft. ½in, 1; J. A. West, St. Bartholomew's, 31ft. 7in., 2; C. Graham, St. Mary's, 31ft. 3½in., 3; D. H. Trail, Guy's, 0; W. A. Cox, St. Mary's, 0. The issue was never in doubt, Bennett winning easily, with a put nearly two feet shorter than his last year's put.

120 YARDS HURDLE RACE CHALLENGE CUP (presented by St. Bartholomew's Hospital, 1895).—Joint holders, J. Johnson, St. Bartholomew's, and H. N. Coltart, St. George's. Time, 16⅗ sec. Record, J. Johnson, St. Bartholomew's. Time, 16⅖ sec. H. N. Coltart, St. George's, 1; F. H. Allfrey, St. Thomas's, 2; E. W. Woolbridge, St. Bartholomew's, 0. Woolbridge fell at the second hurdle, but a splendid race between Coltart and Allfrey ended in the former beating the latter in the run in by just under a yard. The state of the course was a long way from perfect. Time 17¼ sec.

220 YARDS CHALLENGE CUP (presented by R. Clement Lucas, Esq., B.S., M.B., F.R.C.S., Guy's).—Holder, H. C. Woodyatt, University; time, 23 sec. Record, H. T. Bell, Guy's, 22⅗ sec., 1892. Final heat; H. C. Woodyatt, University, 1; F. W. Sime, Guy's, 2; C. H. Francis Williams, St. George's, 3; C. A. Robinson, St. Bartholomew's, 0. For the first quarter of the distance all were level; then Woodyatt showed in front, and from this point the issue was never in doubt, the holder winning by three and a half yards from Sime, who was a good yard in front of third man. Time, 22½ sec.; beating Bell's record by $\frac{1}{10}$ sec.

HIGH JUMP.—Joint holders, H. T. Bell, Guy's, and C. B. Adams, Middlesex; height, 5ft. 7½in. Record, H. T. Bell, Guy's, 5ft. 8in., 1893. C. E. H. Leggatt, St. Mary's, 5ft. 6in., 1; S. F. Smith and C. B. Adams, Middlesex, tied at 5ft. 5in.; C. M. Row, University, 0; A. Kinsey-Morgan, Guy's, 0; G. W. Stone, St. Bartholomew's, 0. Leggatt showed a fine, easy style, and Row also jumped prettily. Leggatt afterwards jumped 5ft. 7in., but failed at higher.

ONE MILE CHALLENGE CUP (presented by Guy's Hospital).—Holder, H. A. Monro, Guy's; time, 4 mins. 31⅘ sec. Record, H. A. Monro, Guy's; time, 4 mins. 31⅘ sec. R. C. Leaning, St. Mary's, 1; J. F. Forbes, St. Bartholomew's, 2; L. S. Gaskell, London, 3; M. A. Smith, Charing Cross, 4; R. Balderston, Guy's, 0; C. F. Watson, Guy's, 0; W. H. Unwin, Charing Cross, 0; A. F. Page, St. Bartholomew's, 0; W. Paul Jones, St. George's, 0; D. L. Davis, University, 0. Watson led for one lap (time, 64 secs.), followed by Paul Jones and Forbes. Half-way round the second lap, Forbes went to the front, Paul Jones still second, and Leaning third. This order held till well into the third lap, when coming down the straight a third time, Leaning took first place, and maintaining it to the end finished with a strong spurt, which landed him home six yards in front of Forbes. Gaskell beat Smith on the post for third place. Times: Quarter-mile, 1 min. 4 sec.; half-mile, 2 min. 16 sec.; three-quarter mile, 3 min. 31 sec.; mile, 4 min. 42⅘ sec.

THROWING THE HAMMER.—Holder, E. M. Scott, Guy's. Distance 85ft. 1in. Record, J. E. Fraser, St. Bartholomew's. Distance, 94ft. 10in., 1890. W. F. Bennett, St. Bartholomew's, 92ft. 1½in., 1; C. Graham, St. Mary's, 79ft. 1½in., 2; H. H. Bignold, Guy's, 0; J. A. West, St. Bartholomew's, 0. A good throw only 2ft. 8½in. behind record. Bignold threw just over 70ft.

LONG JUMP.—Holder, C. E. H. Leggatt, St. Mary's, 20ft. 11¼in. Record, B. C. Green, St. Bartholomew's, 21ft. 3in., 1891. C. E. H. Leggatt, St. Mary's, 22ft. 8in., 1; C. M. Row, University, 19ft. 10in., 2; H. N. Coltart, 19ft. 6¼in., 3; J. W. Nunn, St. Bartholomew's, 0; E. W. Woodbridge, St. Bartholomew's, 0; A. Kinsey-Morgan, Guy's, 0. Leggatt jumped magnificently, beating record easily by 17 inches.

QUARTER-MILE CHALLENGE CUP (presented by G. N. Montefiore; Guy's, 1879).—Holder, A. G. Butler, St. Mary's. Time, 52⅜ sec. Record, T. A. Guinness, King's College, 51⅘ sec., 1880. Final heat: A. G. Butler, St. Mary's, 1; F. E. Walker, Guy's, 2; E. A. Longhurst, Guy's, 3; S. Mason, St. Bartholomew's, 0; C. E. H. Leggatt, St. Mary's, 0; C. Fisher, St. Bartholomew's, 0. Butler came away in the straight, winning by two yards and a half from Walker, who was a yard in front of Longhurst. Time 53 sec.

THREE MILE CHALLENGE CUP (presented by Messrs. Mappin & Webb, 1887).—Holder, H. A. Monro, Guy's. Time, 15 min., 29 sec. Record, H. A. Monro, Guy's. Time, 15 min. 16 sec., 1894. A. Le Vaughan, St. Bartholomew's, 1; W. L. Baker, Guy's, 2; G. R. Elwin, St. Mary's, 3; R. M. Barron, Guy's, 4; R. C. Leaning, St. Mary's, 0; F. E. Fremantle, Guy's, 0; W. A. McEnery, Middlesex, 0; C. H. Levick, University, 0; H. Mundy, St. Bartholomew's, 0; A. F. Page, St. Bartholomew's, 0; Dunstan, London, 0. McEnery led for the first three laps, when Baker went ahead and led at the mile (5 min. 22 sec.), the two miles (10 min. 39 sec.), and up to the last lap but one. All this time Vaughan had been treading on his heels, letting Baker do all the pacing, and in the penultimate lap went in front, and maintaining the command won comfortably by sixty yards; 100 yards between second and third. Time, 16 min, 10⅖ sec.

TABLE SHOWING POSITION OF HOSPITALS.

	Bart.'s	Guy's.	Thomas s.	King's.	George's.	University.	Mary's.	London.	Middlesex.	Westmnstr.	Charing Cross.
100 Yards	5	R4	5	7	2	4	2	1	2	—	—
220 Yards	4	4	3	9	3	R4	—	1	2	—	—
¼-Mile ...	10	4	—	R10	1	2	3	—	—	—	—
½-Mile ...	13	2	—	5	3	2	R7	—	—	—	—
1 Mile ...	4	R6	—	4	6	7	2	1	—	—	—
3 Miles	5	R6	2	1	1	3	4	1	—	—	—
Hurdles	R7½	5	5	1	6½	1	1	—	—	—	—
High Jump	9	R10½	5	—	1	—	3	—	½	1	—
Long Jump	8	8	5	2	1	1	R2	2	—	—	—
Hammer	R9	7	10	—	4	—	1	—	—	—	—
Shot ...	R8	9	4	—	1	1	4	3	—	—	—
	81½	68½	39	39	36½	25	25	9	4½	1	0
No. of times Champion Hospital.	9	8	5	3	3	1	1	0	0	0	0
No. of Records.	4	4		1		1	1				

R denotes Record. The half-point is that scored by Hospitals in dead-heat events.

The scores this year were:—St. Mary's, 5 firsts, 1 second; Bart.'s, 3 firsts, 2½ seconds; University, 2 firsts, 1 second; George's, 1 first; Guy's, 5 seconds; Thomas's, 1 second; Middlesex, ½ second.

Water Polo.

WATER POLO CUP, 1896.

A London v. Dental Hospital.
B University v. Charing Cross.
C Thomas' v. Bart's.
Guy's a bye.

First round to be played off by July 4th.
Winner of B v. Winner of C.
Guy's v. Winner of A.

Semi-finals to be played off by July 11th. First named has choice of bath.

GUY'S v. OXFORD UNIVERSITY S.C.

The above teams met in their return match at Oxford on Monday, June 16th, the result being similar to that of the first match in London, Guy's winning by the same score of 4 goals to 2. Oxford won the toss and elected to defend the deep end, Macculloch opening the score after a spell of even play, but MacLachlan speedily equalized. Guy's then pressed and further increased their score by the aid of Styer. At half-time Guy's led by 2 to 1. Resuming play, the game became very fast, fouls occurring frequently, but the 'Varsity, through the agency of Hallowes, soon equalized the scores. Soon after this Hallowes had to leave the bath owing to an attack of cramp, and the Guy's captain promptly caused one of his men to leave the baths also, so as to equalize matters. After this Guy's did all the pressing, and adding two more goals through Styer and Wood, we left the water victorious by 4 goals to 2. Team:—

GUY'S.—G. Simpson (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); A. MacLachlan, A Styer (captain), and W. R. Wood (forwards).

In a team race of 200 yards Oxford won by 10 yards.

GUY'S.—MacLachlan, Styer, Marshall and Wood.

GUY'S v. MARCIANS.

This match was played at the Southwark Baths on June 16th, and resulted after rather a foul game in a win for Guy's by 7 goals to nil. For the first few minutes the game was fairly even, but Guy's soon got the upper hand, and with the excellent shooting, soon ran up the big score before mentioned. Our goals were scored by Styer 3, MacLachlan 2, Slater and Simpson. Team:—

GUY'S.—H. S. Barker (goal); G. Marshall and G. D. Slater (backs), J. A. Payne (half-back), A. MacLachlan, A. Styer (captain), and G. Simpson (forwards).

GUY'S v. GRAFTON S.C.

This match was played at the Lewisham Baths on June 30th, and resulted in an easy win for us by 7 goals to 1. We were without Wood, Payne, and MacLachlan, but their substitutes played in very good form indeed, Evans' goal being a very pretty piece of play, and there is no doubt with practice he will become a very useful addition to the team. Our goals were scored by Styer 6, and Evans. Team:—

GUY'S.—H. M. S. Barker (goal), G. D. Slater and F. H. Hardy (backs), G. Marshall (half-back), G. Evans, A. Styer and G. Simpson (forwards).

GUY'S 2ND v. GRAFTON 2ND.

This game was played after the first teams on June 20th and resulted in a loss of 1 goal to nil. We were without Sells and Brown, the goal-getters, and had to find three substitutes. Of the new men Trail played strongly at half, and with more practice will be very useful; but the throwing was weak everywhere in the team, although our men marked in better fashion than before. Team:—

GUY'S.—F. Marshall (sub.) (goal), D. Greenfield and E. J. F. Hardenberg (backs), D. H. Trail (half-back), E. Coombs (sub.), B. F. Henry (centre) and (forwards).

Guy's Hospital Rifle Association.

GUY'S v. WHITGIFT.

This match was decided on June 29th at Woldingham. The Guy's contingent, with a view to the Inter-Hospital competition, was picturesquely attired in undress uniform—in the case of one member decidedly undress; and although slightly hampered by these unusual conditions, managed to pull off another victory. Privates Pearson, Allen, and Moss made good shoots for Guy's, while the Corporals Hampton and Sergeant Brodie upheld the reputation of Whitgift School. Scores:—

GUY'S.	200	500	Total.
Private Pearson	30	28	58
Private Ellis...	26	30	56
Private Moss	26	27	53
Private Dowsett	27	20	47
Private Bell	26	20	46
Private Secretan	26	19	45
Private Hodgson	28	17	45
Private Telling	21	22	43
Totals	210	183	393

WHITGIFT.	200	500	Total.
Corporal Hampton	29	30	59
Lance-Corpl. Hampton ...	26	30	56
Sergeant Brodie	25	29	54
Col.-Sergeant Brodie ...	24	24	48
Sergeant Hinks	15	27	42
Private Smith	27	15	42
Private Williams	13	26	39
Private Brodie	25	13	38
Total	184	194	378

Guy's thus won by 15 points.

Guy's Hospital Lawn Tennis Club.

GUY'S v. BARNES.

Played at Honor Oak, on June 20th, and resulted in a win for the Hospital by 5 matches to 3. A. B. Carter and A. V. Clarke beat J. Wilkinson and H. Gilmore, 14–12, 9–7; beat P. H. Cook and H. Cook, 7–5, 6–0. C. E. Michael and A. S. I. Pearse lost to Wilkinson and Gilmore, 5–7, 2–6; lost to Cook and Cook, 6–4, 4–6, 2–6; lost to J. Douglas and S. S. Davson, 9–7, 4–6, 4–6. E. W. S. Rowland and N. Williams beat Wilkinson and Gilmore, 7–5, 6–4; beat Cook and Cook, 9–7, 6–0; beat Douglas and Davson, 2–6, 7–5, 6–4.

CUP TIE v. ST. BARTHOLOMEW'S.

Played at Chiswick Park, on Tuesday, June 23rd, and resulted in our defeat by 9 matches to 3. Score:—

SINGLES: A. B. Carter beat H. W. Shewell, 2–6, 6–1, 6–1; A. V. Clarke lost to S. Bousfield, 6–3, 2–6, 2–6; A. S. I. Pearse lost to R. F. Baird, 0–6, 1–6; C. E. Michael lost to T. K. N. Marsh, 1–6, 1–6; E. W. S. Rowland lost to V. S. H. Bell, 4–6, 4–6; N. Williams beat F. E. Price, 6–2, 6–4.

DOUBLES: Carter and Clarke beat Shewell and Baird, 6–3, 6–2; lost to Bousfield and Marsh, 2–6, 5–7. Pearse and Michael lost to Bousfield and Marsh, 1–6, 1–6; lost to Bell and Price, 6–4, 5–7, 3–6. Rowland and Williams lost to Bell and Price, 3–6, 2–6; lost to Shewell and Baird, 1–6, 1–6.

SINGLES HANDICAP TOURNAMENT.

The final in this was played at Honor Oak, on June 27th. The first prize, which is presented by Mr. Lane, was won by J. Crombie, P. H. Cook securing second honours.

From the Gazette's Special Pathologist.

NOTICES.

J. R. A., SHERBORNE.—There is no organised structure in the specimen sent. It might be inspissated mucoid secretion, but it is certainly not a new growth.

L. H., CROMWELL ROAD.—The expectoration contains a few pus cells, together with a large number of organisms. No tubercle bacilli could be found.

W. H. S., NEWCASTLE-ON-TYNE.—No tubercle bacilli could be found in the sputum.

H. B. P., NEWPORT.—After twenty-four hours' incubation on blood-serum, the resulting scanty growth consisted of a few cocci and a large torula. No Klebs-Löffler bacilli could be detected.

J. H. G., ALDERSHOT.—Provisional Report.—This is certainly not a case of hæmaturia or hæmoglobinuria. On the other hand, we believe the colour to be due to a pathological pigment, and not to any added substance. Will report further in next issue or by letter. Has sulphonel or kindred drug been taken?

PATHOLOGIST.

Births.

PANTIN.—On June 28th, at 24, Finch Road, Douglas, Isle of Man, the wife of C. S. Pantin, M.D., F.R.C.S., of a daughter.

ROSE.—On June 11th, at Harvey Road, Leytonstone, Essex, the wife of Percy Rose, L.R.C.P. Lond., of a daughter.

Marriages.

BATESON—DURHAM.—On June 16th, at St. Paul's Church, South Hampstead, by the Rev. T. Field, assisted by the Rev. J. W. Bennett,, William Bateson, Fellow of St. John's College, Cambridge, son of the late Rev. W. H. Bateson, D.D., Master of St. John's College, to Caroline Beatrice Durham, daughter of the late Arthur Edward Durham, F.R.C.S., Consulting Surgeon to Guy's Hospital, Member of the Council, and Past Vice-President of the Royal College of Surgeons, England.

COLLEY—WATTS.—On June 2nd, at Ondtshoorn, South Africa, Courtenay R. Colley, M.R.C.S., L.R.C.P. Lond., of Streatham, to Jennie Watts, of Ondtshoorn.

HOARE—GOWLAND.—On June 10th, at Holy Trinity Church, Eastbourne, by the Rev, W. A. Bathurst, Edwin Stanley Hoare, M.R.C.S., L.R.C.P. Lond., son of the late Joseph J. Hoare, and grandson of the late S. P. Low, J.P., of Round Hill Villa, Sydenham, to Jessie May, only daughter of Thomas Stafford Gowland of Eastbourne.

Death.

GAYLEARD.—On May 28th, at Kingston, Jamaica, Christopher Gayleard, M.R.C.S. Eng., grandson of the late Hon. James Gayleard, aged 59.

ED.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

JULY 18, 1896.

The Functions of Nerve Cells.

(The Treasurer's Prize Essay, read before the Physical Society on Saturday, March 28th), by ALFRED SALTER, M.B., B.S.

IN studying the functions of any organ or tissue, much help is usually derivable, firstly, from a knowledge of its structure and minute anatomy, and secondly, from a consideration of its developmental or evolutionary history. We purpose, therefore, seeing what light can be shed upon the functions of nerve-cells by the aid of these studies before proceeding to investigate them more directly.

A definition, however, of the elements comprised by the term "nerve-cells" is necessary to indicate the scope of the present inquiry.

Now, an individual Protozoon is a single cell, possessed of absolute independence, living its own life and performing within its own protoplasmic mass all the vital functions necessary to maintain its existence and to accommodate it to its environment. It exhibits within its substance the phenomena of irritability, movement, assimilation, growth and reproduction. With the evolution of the Metazoon there is an aggregation or association of a number of cells to constitute the organism instead of a single one, a distribution of function amongst them, and later a corresponding differentiation of structure. These cells are no longer independent units. Each is no longer a law unto itself, but rather all now share part of a common life, and the actions and functions of the individual cells are henceforth determined by definite relations to their fellow elements. With tissue-differentiation comes division of labour, and *those portions of the cellular elements of a Metazoon which are set aside for the reception, reflection, modification and storage of the stimuli derived from the outside world, and which broadly speaking, are deputed so to act as general tissue-supervisors that the organism is able to react to changing environment are the "nerve-cells."*

Our knowledge of the work of nerve-cells is so entirely dependent upon an appreciation of their histology, and it is so impossible to adequately realise the part they play in the life-history of the animal without a full understanding of their structural relations, that a discussion of these must form a necessary prolegomenon to any statement of their functions.

In the first place, it will be convenient to enumerate the situations in the body in which nerve-cells are found. They occur in the human being and in higher vertebrates.

I. *In the grey matter of the cerebro-spinal axis—*
   - (*a.*) In the cerebrum and cerebellum—in the cortical and basal grey matter, and in the various nuclei scattered throughout the brain-mass.
   - (*b.*) In the spinal cord—in the anterior horns, the posterior horns, the tractus—intermedio—lateralis, etc.

II. *Apart from the cerebro-spinal axis—*
   - (*a.*) In the ganglia of the para-vertebral sympathetic chain.
   - (*b.*) In the great ganglia and plexuses which are in intimate connection with the thoracic and abdominal contents, viz., the cardiac, solar hypogastric, aortic, spermatic, etc.
   - (*c.*) In minute ganglia on the terminal distribution of non-medullated nerves to many viscera, such as the heart, stomach, intestines, bladder, uterus, etc. These are in most instances situated in the substance of the muscular walls of these organs and are of microscopic size.
   - (*d.*) In the ganglia on the posterior roots of all the spinal nerves, and in the analogous structures on several of the cranial nerves, as the Gasserian on the fifth, and those on the glosso-pharyngeal and vagus.
   - (*e.*) In ganglia on the branches of distribution of the fifth cranial nerve, viz., the ophthalmic, the optic, the spheno-palatine and sub-maxillary.
   - (*f.*) In ganglia on many peripheral nerves, as on the branch of the Circumflex going to the Teres minor; on the Median at its division

into the digital branches, and on the termination of the posterior Interosseous at the back of the wrist, as well as on many others.

(*g.*) In various sense-organs, either as part of the receptive apparatus (cone-cells of the retina, and the spindle-cells of the olfactory mucous membrane), or interpolated somewhere between the end-organ and the central nervous system (as in the auditory and gustatory apparatus, and the deeper ganglion-cells of the retina).

It is chiefly consequent upon the application of new histological processes that our knowledge of nerve-cells has lately become extended. Amongst the methods which have yielded the most valuable and fruitful results are the Wallerian plan in its latest application by Marchi; the method of staining intra vitam by methylene blue which was introduced by Ehrlich; and the method of staining with nitrate of silver after treatment by chromic acid and its salts, which was employed by Golgi. A combination of these devices has now put us in possession of indisputable facts regarding the structure of nerve-cells and their relation to one another.

In shape and size nerve-cells as met with in the human body vary enormously. Some are very small—very minute indeed—as in several strata of the cerebral cortex, whilst others are amongst the largest cells found in the whole system, those of the anterior cornua for instance, varying between 67μ and 135μ (Schwalbe).

The shape is largely dependent upon the number of cell-processes, and the exact manner in which these are given off. Thus they may be spheroidal or ovoidal with a general even outline, or they may be angular, stellate or highly irregular. Certain cells of characteristic shapes occurring in different parts of the nervous system may here be briefly enumerated. Those in the spinal ganglia and in the roots of the cranial nerves are ovoid or rounded, with a single process which subsequently bifurcates in a T-form, one division passing centrally and the other peripherally. Cells from the sympathetic ganglia are more angular and are often shruken and apparently atrophied (*vide infra.*); whilst some, especially from the smaller distal ganglia are spindle-shaped or fusiform, each end being prolonged into an axis-cylinder, and might be looked upon from another point of view as nucleated enlargements interpolated in the course of a nerve-fibre. Some cells which are found almost exclusively in the abdominal ganglia of amphibians are bipolar and pyriform in shape, with both processes coming off from the same side of the cell, one being coiled spirally round the other, the former terminating by breaking up into interlacement of fine fibrils upon the surface of the cell. Cells from the grey matter of the spinal cord are highly irregular in form, and have numerous branching processes. Many from the cerebral cortex are conical or pyramidal, and the vertical diameter of some in the deeper layers is five or six times the length of those in the more superficial. In the cerebellum occur large flask- or retort-shaped cells.

The cell-substance consists of protoplasm which contains a large, clear, round, nucleus, and a distinct nucleolus. The nucleus of the nerve-cell is noteworthy as compared with the nuclei of other tissue-cells by reason of its size; and it is large in proportion to the rest of the cell, *i.e.*, not only absolutely but relatively. If we examine a number of nerve-cells from different situations, we find that the volume of the nucleus and of the cell-body often bear a distinct relation to the length of the neuron-processes. This is the case, for instance, with the motor cells of the spinal cord, those from the lumbar region being larger than those in the cervical, and those in the cervical being larger than those in the mid-dorsal (Pierret); and the same facts apply to the projection cells in different parts of the motor cortex. It is true also for the ganglion-cells of the retina and the cells of the spinal root ganglia. Schäfer, however, does not think it can be considered as a rigidly invariable rule.

A further important point in connection with the nucleus is the prominence of the nucleolus. This has long been noticed; in fact, one of the characteristics of a nerve-cell given in text-books is that it contains a very large and distinct nucleolus. When the cell is beginning to undergo retrogressive or disintegrative processes, one of the first changes to be observed is a disappearance of the nucleolus, together with shrinkage and vacuolation of the nucleus. Such alterations, for example, are always to be found in degenerating nerve-tissue, and it is stated that these appearances are invariably present in the cortical cells of chronic dements (Whitwell, "Brain," vol. xii.).

Further, the volume, structure, and micro-chemical reactions of the nucleus, as well as the presence or absence of the nucleolus bear an important relation to the age of the cell and its functional condition, there being marked variations accompanying fatigue, activity, etc. Hodge (*Journal Physiology*, vol. xii., 1894) showed that in the nerve-cells of elderly persons the nucleus is shrunken, has a jagged outline, and does not stain more heavily than the rest of the cell-protoplasm. This was particularly noticeable with the cells of the spinal ganglia, and in addition no nucleolus could be made out in these cases. The comparison between the nerve-cells of the fœtus and those of an elderly man expressed exactly in tabular form is given by Hodge as follows:—

	Volume of nucleus.	Nucleolus present.
Fœtus ...	100 per cent.	53 per cent.
Old man ...	64·2 „	5 „

The results were even more striking in the case of bees. Sections of the supra-œsophageal ganglion of young honey bees, caught in the act of crawling out of the brood-cells, were prepared and examined side by side with those from old bees, *i.e.*, bees exhibiting the familiar "age signs." In the old bees the nuclei were usually shrunken beyond recognition, and the protoplasm of the cell was all but absent, being reduced to a few shreds and strands between the large vacuoles which filled the cell. In fact, this atrophic change in the ganglion cell elements was so pronounced that to the

naked eye there was an obvious difference in size of the whole brain-mass. Somewhat similar changes were also found in the nuclei after fatigue, both in the brain-cells of bees and in spinal ganglia cells of vertebrates. (*Journal of Morphology*, vol. vii., 1892, and *American Journal of Psychology*, 1892.) In the former the cells were compared from bees killed in the morning and evening respectively, and in the latter before and after several hours of electrical stimulation. The differences were as definite and characteristic as those which are seen in the secreting cells of a salivary gland before and after stimulation. The conclusions which Hodge derives from these observations are, that in nerve-cells functional activity is accompanied by structural changes in the nucleus, and that as the structural changes in senescence are so closely identical with those of fatigue, "age is probably of the nature of final fatigue." In any case, the functional capabilities of the cell, as well as the extent of damage it has undergone from pathological processes, may largely be measured by the condition of the nucleus.

With regard to the protoplasm of the cell, it can be shown by special preparation to be sometimes indistinctly, sometimes definitely, striated in appearance, and at others with a very high power it appears reticular. In some nerve-cells, notably those of the spinal cord, a finely fibrillar structure has been made out. The fibrils can be traced into the branches of the cells and into the axis-cylinder processes of the nerve-fibres which are connected with them, becoming thus continuous with the primitive fibrillæ of the axis-cylinder. These primitive, or ultimate, fibrillæ of Max Schultze have been seen in a few instances to be collected or gathered up together from the fibrils of the nerve-cell substance, and have even been described as passing straight from the axis-cylinder into the nuclear network (V. Thanhoffer); whilst others are sometimes traceable from one process through the cell into another process (Flechsig).

We may note another extremely important point which distinguished nerve-cells from many others, and which probably has a profound bearing upon their functions, viz., the frequency with which we find clumps or patches of pigment of a brilliant yellow, brown, reddish, or black colour, accumulated in the body of the cell. This pigment deposition, though common to most nerve-cells, is more marked in some situations than in others. The cells of the substantia nigra, substantia ferruginea, and locus cœruleus may be instanced in this connection, the cell-capsules here being literally crammed with chromo-granules. As described below, it is almost an absolute characteristic of human adult sympathetic cells to contain pigment, many being little else than a blotch of clustered granules surrounded by an indistinct capsule (Dr. Hale White, *Med. Chir. Trans.*, vol. lxviii.)

This frequent occurrence of pigment in nerve-cells has sometimes been interpreted to imply decadence of function (Gaskell; Hale White), but Schäfer looks upon it rather as a sign of activity. There is no doubt that in many other organs the presence of pigment in cells is accompanied by marked protoplasmic activity, which may be both chemical and physical. It is only necessary in this connection to mention the hepatic cells, the pigment cells in the skin of a frog, and the hexagonal cells which form the outermost layer of the retina. One would certainly think that the relative abundance of pigment in all adult human nerve-cells as compared with the nerve-cells of the fœtus and the child and of the lower animals must rather be an indication of functional activity than the reverse. To such an extent, however, is Dr. Hale White impressed with the significance of extreme pigmentation that he thus expresses himself concerning the pigmented groups in the pons:—"These cells are probably the degenerate representatives in man of groups of cells which in the lower animals had a functional importance for which in man there is no longer any demand" ("Brain," pt. 51). In a later paper, however ("Brain," pt. 59), he states that he considers pigmentation as evidence of degeneration only when accompanied by other atrophic changes, such as granulation, shrinkage, and loss of nucleolus. There is no doubt, however, that as a general rule, the quantity of pigment present in a nerve-cell varies directly as the age of the individual (*vide* Hodge, *loc. cit.*) This aspect of the subject will be further discussed in connection with the functions of sympathetic cells.

We may next consider the processes of the cell. Every nerve-cell has one or more—it is an absolute characteristic of nerve-cells to possess processes. Cells entirely destitute of them have been described, but it is improbable that such exist, and there is always a likelihood that the prolongations may have become broken away or detached during the manipulations required for isolation. Ramon Y. Cajal has recently spoken of "apolar" nerve-cells, but this is completely a misnomer, for the cells in question (spongioblasts of the retina) have a well-marked process which ramifies dendritically. (Schäfer.) What Cajal intends to imply is, that they are devoid of an axis-cylinder process, but the nervous nature of these cells is generally regarded as very dubious.

The processes are of two kinds. The first and only essential kind is that which has long been known as the "axis-cylinder" or "nerve-fibre" process of Deiters. It is also the first to show itself in the course of development of the nerve-cell. (His.) The other is that which was distinguished by Deiters as the protoplasmic process. This is not so essential, for we find many nerve-cells entirely destitute of it. Probably every developed nerve-cell has at least one axis-cylinder process, and most a protoplasmic process or processes as well. A word is here necessary with regard to nomenclature. The above terms "protoplasmic" and "axis-cylinder" have long been in use to indicate two species of process, but they are obviously inconvenient from their length, and from the assumptions which they appear to imply. Schäfer, therefore, applies the term "neuron" to denote the axis-cylinder process, and "dendron" to the protoplasmic process.

Both, however, are ultimately dendritic. In preparations made by Golgi's method, the nerve-cells and their branches are coloured black by the deposit of reduced silver, so that the cell-prolongations can be traced for a considerable distance, in fact, in many instances as far as their remotest ramifications. Almost without exception the neuron or nerve-fibre process, although it may have a course of several feet without giving off a branch, yet finally ends in a terminal arborization. Examples of this fact are to be seen in the plexiform terminations in the nerve-fibrillæ in sensory structures such as the cornea, and in many of the tactile end-organs such as the corpuscles of Meissner, as well as in the nerve-endings in muscle-plate and tendons. This arborization occurs by separation of the primitive fibrillæ of which the axis-cylinder is composed.

It has been usual to classify nerve-cells according to the number of processes which pass off from the cell-body —unipolar, bipolar, multipolar, etc. This classification is not a natural one, as it does not distinguish between the kinds of processes given off, which ought to be done in any scientific system. Thus there are some nerve-cells which have no dendrons, and others which have many dendrons, whilst all possess at least one neuron. Professor Schäfer proposes, therefore, to distinguish cells by such titles as dendric and adendric; and further, according to the number of the neurons into those which are mononeuric, dineuric, polyneuric, etc.

A majority of the cells hitherto observed belong to the mononeuric class, *e.g.*, the anterior cornual cells, many cortical cells, Purkinje's cerebellar cells. We have examples of the dineuric group in some of the more superficial cells of the cerebral cortex, in the "bipolar" cells of the spinal ganglia of osseous fishes, and in some cells of the sympathetic system. Schäfer further classifies into those which are dendric and mononeuric (anterior cornual cells); dendric and polyneuric (superficial cortical cells); adendric and mononeuric (spinal ganglia cells of man); adendric and polyneuric (spinal ganglia cells of fishes, and some sympathetic).

Golgi (*Archiv. Ital. de Biol.*, t. iii., 1883,) separated two types of nerve-cell, according to the length which the neuron traversed before breaking up into dendrites, and thought that he could make out a corresponding difference in function. His first type possesses long neurons (*e.g.*, anterior cornual cells and projection cells of cortex), and he considerd them as being concerned mainly in giving out efferent impulses, *i.e.*, motor cells. The second type were those in which the neuron was relatively short and soon terminated by branching (*e.g.*, cells of retina and of the posterior cornu of the cord). These (usually smaller in size than those of the first type) he considered as essentially sensory or receptive in function. Golgi's distinction, however, can no longer be accepted. Schäfer believes there may still be a functional difference between the two kinds of cell, but this functional difference, he suggests, may be better expressed by reserving the term "projection-cell" for the cell of Golgi's first type with long axis-cylinder processes, and using the term "intermediary-cell" for the cell of the second type, with short axis-cylinder processes. By the latter term he implies that the cell in question offers an intermediary link between the centripetal impressions brought to a nerve-centre by the neuron of a sensory projection-cell, and the centrifugal impressions which pass away from the nerve-centre by the neuron of a motor projection-cell.

There are certain differences between the neuron processes and the dendron processes. The former are of a somewhat clearer and more evenly fibrillated appearance than the latter, and do not give off lateral offsets from the main trunk in the same way. From the dendrons these come off at triangular enlargements, and owing to the rapid giving off of secondary dendrites there is a correspondingly rapid diminution in thickness, until by repeated branching they become so fine as to be eventually lost sight of. The neuron was until recently not supposed to branch at all during its course, but to proceed undivided until it reached its destination. Golgi's method of staining, however, has shown that it gives off fine lateral ramuscles very early in its course, which are insinuated amongst the adjacent nerve substance. To these the name of "collaterals" has been applied, and these delicate offshoots do not sensibly diminish the diameter of the neuron, which remains practically unaltered in thickness along its whole career.

Considering now the relationship which nerve-cells bear to one another, it has been shown by Gerlach that the view which was formerly entertained that the cell-processes united with one another, either by comparatively coarse fibrils or by a delicate network pervading the grey matter, is not substantiated by the most recent methods of research, although these methods permit of the following out of cell-processes to a much greater extent than any which had formerly been in use. It can now be confidently stated *that there is never a direct union of nerve-cells by connections, either coarse or delicate*, and that in all cases the cell-branchings end in free terminations. These terminal arborescences of the dendrons may be closely interlaced with those of neighbouring cells, but *always* remain anatomically distinct from them.

The ramified protoplasmic processes of ganglia-cells have been regarded by Golgi as representing rootlets by means of which the cells penetrate into, and derive nutriment from, the surrounding grey matter. The evidence in favour of this view is quite insufficient, and the intimate relationship which obtains between the two processes of different cells must be considered to point to these as a means of transmission and diffusion of impulses through the nervous matter. Kolliker points out in support of the belief that the dendrons are of an essentially "nervous" nature, that in their ultimate fibrillar structure and in their micro-chemical reactions they are similar to the axis-cylinder processes.

The only connection, then, of one nerve-cell with another is a physiological one, and it takes place by the adjunction of the arborizations of one nerve-cell either—

(1.) With similar arborizations of other cells, as in the spinal cord, the olfactory glomeruli, the molecular layers of the retina, etc., or

(2.) With the cell-body of another cell, as in the cells of the cerebellar cortex, and some sympathetic cells.

The axis-cylinder process usually acquires a medullary sheath at a greater or less distance from the cell. Sometimes the neurons, especially those of the cells of the sympathetic system, are continued along their whole course as pale or non-medullated fibres. In the bipolar cells, one fibre may be prolonged as a pale fibre and the other as a medullated fibre. In other instances both fibres may be medullated or non-medullated. In polyneuric cells of sympathetic ganglia one process may be continuous with one of the small medullated fibres derived from the cerebro-spinal axis which enter these ganglia, and the others with non-medullated fibres which pass from the ganglion to the peripheral distribution of the nerves. In this manner, as discussed below, the cells may act as distributing centres multiplying the paths of nervous impulses towards the periphery, and at the same time furnishing points of union between medullated and non-medullated nerves.

The embryological researches of His have shown that in all cases nerve-fibres are developed as processes from a nerve-cell. In the case of efferent nerves the individual fibres have grown out from the neuroblasts within the embryonic nerve centre. In the case of efferent nerves the fibres grow into the nerve centre from posterior-root ganglia, but here again the individual fibres always start from a cell, *i.e.*, *a nerve fibre is merely part and parcel of the nerve-cell;* and why the term "nerve-cell" should be restricted to the body of the cell to the exclusion from that term of the cell processes is not very obvious, and is certainly not rational. This is not done for any other kind of cell, and the custom which has hitherto prevailed should be discarded as misleading. Waldeyer has used the word "neuron" in this sense to denote the whole cell including all its processes, but as Schäfer has employed this term in another significance, Waldeyer's use of it has not met with general acceptance in England.

Summary from Anatomical Characteristics.

From the above description it is certain that each nerve-cell is an anatomically isolated and independent element consisting of a nucleated cell-body and ramified protoplasmic dendrites, and a neuron which becomes the conducting and essential part of a nerve-fibre. But though anatomically independent, the cell is, as we shall see, not functionally possessed of such independence.

The Evolution of the Nerve-Cell.

It has been previously pointed out that in the Protozoa the whole protoplasm possesses all the properties and performs all the functions, which are subsequently in higher forms delegated to special cells. In the Hydrozoa we get the first glimpses of the evolution of the nerve-cell, and the way in which it acquires its specific characters.

In the lowest type of Hydrozoon there has been a slight differentiation in structure of the cell-elements of the animal corresponding to a marked differentiation in function, and we have now two tissue-layers, the inner concerned with alimentation and nutrition, and the outer with protective, sensory and locomotive processes. Prolongations of the ectodermal cells form a simple muscular system upon which the contractility of the animal depends. In different members of this class we can trace the upward progress of the nerve-cell.

In some the organism is destitute of any trace of nervous differentiation. Thus is the medusal stage of Siphonophora, the swimming-bells have a sheet of muscle-cells spread over the sub-umbrella, and locomotion is effected by the spontaneous periodic contractions of this muscular layer, which takes place from an inherent power of contractility resident in the cells themselves, and is called forth by any direct external stimulus—no nerve-cells whatever being present. Next we find (as in Hydra viridis) that certain of the epiblastic cells scattered irregularly through that layer have undergone a distinct structural modification, and have acquired a stellate form with processes which are prolonged to the nematocysts and muscular feet of the ectoderm cells. There is no doubt, then, that the power of originating contractions in the muscle-cells and of discharging the nematocystic battery has passed over to these primitive nerve-cells, and it is stated that in teased portions of a tentacle a change in these cells can be seen to precede discharge of a thread or contraction of a muscle-cell (Ludolf); the particular change being an alteration in form from an irregularly stellate to a more or less rounded shape, and being evoked by running some irritant like dilute acid under the cover-glass. This is a very important point, as we shall see later, when inquiring into the generation of impulses by nerve-cells.

Apparently as the next step in the evolution of the nerve-cell, it became advantageous to the organism to have its nervous apparatus protected in the deeper substance of the animal, and away from the exposed surface, and also for the nerve-cells to be aggregated together and no longer scattered indiscriminately through the ectoderm. By such collection of the cells into groups better intercommunication, *i.e.*, better co-ordination of action between the cells became possible. This closer relation of the cells to one another was rendered more imperative by the progressive loss of spontaneity on the part of the muscle-cells. And hence during the evolutionary processes, groups of nerve-cells with connecting fibres became arranged together and localized, constituting nervous masses, or "centres," whereby we have a corresponding integration of function and a growing *inter*-dependence. In the Scyphomedusæ, such as Aurelia, we get the first glimpses of this cell-grouping, but the attempt at localization is a very imperfect one, and is more fully carried out in the Hydromedusæ. In the former genus, groups of nerve-cells exist of more

developed structure than in Hydra, and having very distinct nerve-fibre processes. These groups are collected round and about the tentaculocysts so as to divide the disc into a number of zones of nerve-supply, corresponding to the number of tentaculocysts. In Aurelia this grouping is less distinct than in other Scyphomedusæ such as Chrysaosia and Charybdea, where (especially in the latter) there is a transition to the condition found in the Hydromedusæ. A nerve-fibre originates in a superficial ectoderm cell, corresponding to a sense-epithelium, passes to a ganglion-cell, and thence by another branch to a muscular fibre, without any plexiform arrangement or connection with any other cell. Similarly in some of the Sponges (*e.g.* Dendrilla cavernosa) there exist simple spindle cells or æsthocytes embedded amongst the ectodermal cells, the inner end being prolonged to a fine thread which passes through the collenchyme, and becomes continuous with a multiradiate nerve-cell, from which another process passes to a myocyte (Stewart and Van Lendenfeld). This animal is a most important one neurologically, for we have here the *earliest complete mechanism for converting an external impression into a muscular movement.* And the most developed nervous apparatus of a vertebrate is nothing more than an elaboration and perfection of this simple structure.

In the Hydromedusæ the evolution of the nerve-cell is proceeding, as seen by the further aggregation of the cells into a continous ring grouped around the margin of the disc, and separated into a superior and inferior group by the insertion of the velum. And now, too, as the cells are becoming collected into one mass, and thus increasing in importance to the whole organism, we find they are placed more deeply and are thus more protected.

As we go higher up to the simple Turbellarian worms, we find all the nerve-cell elements of the body have become massed together into a double-head ganglion, corresponding to the bilaterally symmetrical plan upon which the animal is built; and passing on from Alloiocœlous turbellarians (such as Monotida) to the Tricladids and Polycladids, the importance and complexity of the centre increases until we find that the next stage in nerve-cell evolution is first the specialization, and then the aggregation, of æsthocytes upon the surface to form elementary sense-organs. Thus by a differentiation of a group of peripheral nerve-cells we get the essential parts of the otocysts and oculocysts.

With this pronounced aggregation of cells into centres the individual nerve-cells sink into insignificance. It is now the properties of the group or centre, of which the cell is a mere constituent unit, that become important and demand investigation, rather than a study of the properties of the several and separate cells themselves. And the higher we go in the animal scale the more prominently is this fact forced before our notice, that in order to obtain any broad or comprehensive idea of the functions of nerve-cells we must proceed with our investigations from the point of view of the group or centre rather than of the units composing the group.

As developmental processes progressed the conformation of the animal body upon a segmental or metameric plan exerted a correspondingly great influence upon the disposition of the cell-groups, and necessarily upon their functions. In tracing out from this point the phylogeny of the higher groups of animals we find that there is a parallel progression in each of the two great divisions—Invertebrates and Vertebrates, viz.:— a tendency in each to a metameric repetition of parts, finding expression in a strongly marked segmentation of the musculature and endo- and exo-skeleton respectively; and that a corresponding segmentation, or arrangement in sequential group fashion, of the nerve-cells also occurs, forming thereby a series of centres, each presiding over its corresponding somite. And the condition which we see in invertebrate genera like the Arthropoda and Annulosa, where to each segment there is a double ganglion connected with the ganglia of adjacent segments by commissural fibres, and all being more or less under the control of a superior ganglion in the head-segments—this condition has its homology and analogy in the cerebro-spinal axis of vertebrates including Man, the only important morphological difference being that the invertebrate ganglionic chain is ventral, while the vertebrate is dorsal. In the Vertebrate, the groups of cells have all apparently fused, and to the naked eye are hardly perceptible as separate centres, a nearly uniformly cylindrical cord resulting.

It is, however, necessary here to insist upon the importance of the segmental arrangement of nerve-cells in vertebrates and man, for it will help us greatly to understand the functional relations of nerve-cells to one another and to the rest of the organism, as well as the part they take in reflex acts. Many obscure facts in pathology have also been explained by a consideration of the segmental disposition of nerve-cells, notably the reference of pain in visceral disease (Head).

Now, as each group of cells originally presided over its one corresponding somite, so the group primarily controlled only the reflex acts of its own segment. In order to fulfil the purposive defensive movements of a reflex act, several or many segments of an elongated primitive organism had to take part in the act, and hence arose the necessity for the connecting together of different segmental cell-groups. Thus we get the differentiation of certain cells and their processes to function as intermediaries between adjacent groups; and still later a further specialization of other cells to act as governing cells, correlating or bringing into due relationship the several actions of otherwise independent groups. And finally by the growth and extension of the functions of such dominator cells we see the acquisition in the end by them of the power to originate "volitional" impulses.

That this segmental arrangement or metamerism of nerve-cells is really as pronounced in vertebrates as in the annulosa, although perhaps less obvious, the following facts fully demonstrate. Longitudinal sections in the lumbar regions of a dog show the ganglion cells of

the median and lateral groups of the anterior horn arranged after the fashion of a rosary, in such a manner that the broad parts where the ganglion cells are thickest correspond to the places of exit of the segmentally-placed spinal roots. (Schiefferdecker.)

In some animals, *e.g.*, the lamprey, even the posterior horn-cells, which are connected with the posterior roots and sensory fibres, are arranged in distinct groups separated from one another by considerable distances (Freud), whilst in the eel, many serial transverse sections may be made of the cord which are perfectly free from nerve-cells, the latter being only present in clumps opposite the anterior roots (Stieda). One of the clearest cases of segmentation is to be found in the Sauropsida. Thus, in crocodiles and lizards, at the surface of the antero-lateral region of the cord a group of nerve-cells exists, which is as strictly metameric and repetitive as the ganglia on the posterior roots (Gaskell).

Finally, Head, chiefly by evidence derived from pathological sources, showed that in man the skin of the trunk may be divided into areas marked off from one another by lines running nearly horizontally round the body, and that the sensory nervous supply of the skin of these areas depended, not on the distribution to them of peripheral nerve-trunks, such as the intercostal and lumbar, but upon fibres, which might be contained in several such nerves, but all derived from the one segment of the cord corresponding to each horizontal zone. Such zonular distribution in man is thus exactly homologous and analogous to the segmental arrangements of the earthworm.

The extreme importance of the generalizations deducible from these developmental facts, when considered side by side with physiological and experimental data, will be seen later on in the section dealing with the influence of nerve-cells on motor processes.

We have now concluded the preliminary anatomical and embryological survey necessary before a due appreciation is possible of the exact part played by nerve-cells in the daily life of higher animals, and we pass on to a more direct consideration of the functions of the cell.

(To be continued.)

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	18, 22. Mitral regurgitation.
	39. Mitral regurgitation and constriction.
	43. Albuminuria. Three cardiac murmurs.
Philip	19. Aortic, mitral and tricuspid regurgitation.
Stephen	6. Mitral stenosis.
	20. Mitral disease.
	32, 36. Pericarditis. Mitral disease.

Nervous System.

Mary	6. Hysterical paraplegia.
	27. Functional right hemiplegia.
Philip	4, 31. Compression paraplegia.
	10. Right hemiplegia.
	34. Syringomyelia.
	39. Left sciatica.
Stephen	34. Chorea.

Alimentary System and Abdomen.

Mary	8. Typhoid fever.
	10. Ulcerative colitis.
	32. Carcinoma of stomach.
Philip	1. Carcinoma of pylorus.
	22. Carcinoma of liver and gall-bladder.
	32. Epithelioma of œsophagus. Gastrostomy.
Stephen	4. Ascites.
	7, 16, 24, 33. Typhoid fever.
	26. Hæmatemesis.

Respiratory System.

Mary	2, 15, 25. Phthisis.
	4. Pleuritic effusion. Ascites.
	11. Chronic bronchitis.
	14. Mediastinal growth. Multiple sarcomata.
	20. Lobar pneumonia.
	50. Broncho-pneumonia.
Philip	3. Pneumonia.
	23, 35. Phthisis.
	28. Chronic bronchitis. Acute nephritis.
Stephen	1. Emphysema and bronchitis. Mitral regurgitation.
	12. Bronchitis and emphysema.
	19. Hæmoptysis.
	21. Phthisis. Lardaceous disease.
	23. Empyema and pericarditis.
	28. Phthisis.

Genito-Urinary System.

Mary	3. Parametritis.
	5. Chronic tubal nephritis.
	13. Ovarian cyst.
	40, 47. Acute nephritis.
Philip	7. Chronic tubal nephritis.
	11. Acute nephritis.
	33. Albuminuria.
Stephen	2. Nephritis. Pleuritic effusion.
	13. Acute nephritis.

Miscellaneous.

Mary	16. Osteo-arthritis.
	28. Osteo-arthritis (child æt. 3).
	34. Eczema.
	42. Acute rheumatism.
	48. Arthritis, probably rheumatic.
Philip	36. Acute rheumatism.

Case under Dr. Hale White.

Stephen 32. W. J. B., a man of 44, was admitted on May 2nd for vomiting, diarrhœa and bleeding from the rectum. He gives a history of gout and tubercle in his family on the mother's side. He himself suffered from syphilis at 18; from gonorrhœa at 20; from "rheumatism," pleurisy and pericarditis, for which he was admitted under Dr. Fagge at 22, of which admission, however, no report can be found; from "winter-cough" with occasional hæmoptysis since that date; and from a (?) gumma in the neck with some apparently neurotic

symptoms, for which he was successfully treated by Dr. Pye-Smith, at 38. He has lost one and a half stone in weight during the last two years, and since July last has had to give up his previous work as corn-weigher. The present illness began on February 13th, was treated first at home and then at a fever hospital, where the previous diagnosis ? diphtheria, ? typhoid, was negatived, and the case was supposed to be one of growth. Patient was discharged materially relieved on March 24th, but was unable to work; the symptoms recurred on April 12th, patient came up as an out-patient to Guy's, and was finally admitted, as we have said, on May 2nd.

On admission.—Patient was found to have diarrhœa and to pass much mucus, but no blood. The rectum was somewhat balloon-shaped and piles were felt on examination, but no growth could be felt. There was a complaint of shooting pains in the legs, knee-jerks were absent, and pupils reacted to accommodation but not to light. A diagnosis was made of ulcerative colitis and locomotor ataxy, and Mist. Bismuthi ʒj. t.d.s., Tr. Opii ɱ x. 6tis horis, and equal parts of milk and lime-water were given.

While in the hospital patient was very ill for a fortnight, passing blood and mucus in the stools; at times there was profuse diarrhœa; at others constipation with much pain and difficulty in defæcation. There were tympanitis and flatulence; and for some time there was lack of control over both bladder and rectum, and once there was temporary retention of urine. Recovery began on May 22nd, and was retarded four or five days by a mild attack of gout, with signs of renal calculus, which passed off in drinking large quantities of water. Patient was discharged on June 22nd practically cured of his colitis, although the signs of the locomotor ataxy persist.

This association of an ulcerative condition of the bowel with early signs of locomotor ataxy is of some considerable interest. In the opinion of Dr. Hale White the ulceration was definitely connected with the existence of the signs of tabes, and might be looked on as analogous to a perforating ulcer.

The same association occurred in a similar case admitted into Stephen ward under Dr. Taylor, in May, 1894. This patient was primarily admitted for signs of locomotor ataxy, which had advanced to the ataxic stage, having began fifteen months previously. There was on admission a gnawing continuous pain in the rectum, and difficulty in passing water. Ten days after admission diarrhœa set in, and blood and mucus were passed per rectum. In a few days the temperature rose and peritonitis supervened; and after a week collapse took place and patient died. At the autopsy degeneration was found in the posterior columns; while the colon exhibited a surface of eighteen inches in length free from ulceration, except for a small ulcer close to the cæcum, followed by linear ulceration of the mucous membrane for six inches, while the remainder of the bowel to within four inches of the anus was a mass of ulceration, the whole mucous membrane being destroyed and perforation having taken place into the iliac fossa.

In the Surgical Wards.

Cases under Mr. Howse.

Accident	4.	Fractured femur.
	6.	Compound comminuted fracture of bones of forearm. Amputation.
Naaman	4.	Encysted hydrocele of cord.
	5.	Recurrent appendicitis.
	7.	Fistula in ano.
	14.	Recto vesical fistula. Cystitis. Prostatic concretions.
	22.	Varicose veins.
Charity	17.	Rachitis. Bowed tibiæ.
	19.	Periostitis of tibia.
	Cot.	Necrosis of jaw. Inflammatory swelling in cheeks. ? Parotitis, etc.

Cases under Mr. Davies-Colley.

Cornelius	1, 12.	Fracture tibia and fibula.
	7.	Fractured clavicle and ribs from direct injury.
Lydia	1.	Carcinoma mammæ.
	3.	Fractured femur.
	4.	Necrosis of lower end of tibia. Knee-joint affection. ? Tuberculous.
	22.	Lipoma of arm.
Luke	2.	Tubercular abscess of chest wall.
	4.	Epithelioma linguæ.
	7, 9.	Strangulated inguinal hernia.
	10.	Enlargement of bursa over olecranon.
	15.	Acute retention. Gonorrhœal.

Cases under Mr. Lucas.

Lydia	10.	Talipes equinus.
	12.	Enlargement of bursa patella.
	16.	Encysted hydrocele of cord.
Job	4.	Aortic disease. ? Renal calculus.
Charity	4.	Multiple adenomata mammæ.
	23.	? Neuro-mimesis.
	Cot.	Talipes equino-varus.

Cases under Mr. Golding-Bird.

Martha	6.	Splenic leuchæmia.
	17.	Large pendulous lipoma from back of neck.
	Cot.	Hæmatoma of scalp. ? Depressed fracture.
	Cot.	Hare-lip.
Lazarus	6.	Inguinal hernia.
	10.	? Prostatitis. Vesiculitis. ? Calculus vesicæ.
	12.	Varicose veins.
	14.	Chronic rheumatic arthritis.
	15.	Sinus over chest wall. ? Caries of rib.
	16.	Stricture of urethra. Urinary sinus.
	20.	Sacro-iliac disease.

Cases under Mr. Jacobson.

Naaman	19.	Iliac abscess. ? Appendicitis.
	20.	Castration for enlarged prostate.
	22.	Varicose veins.

Cases under Mr. Dunn.

Lazarus	1.	Suppurative arthritis (knee-joints).
	22.	Loose body in knee-joint.

In the Out-Patients' Department.

Cases under Dr. Shaw.

The first case was that of a man, aged 78, who complained of general weakness, and swelling of his legs. His heart was enlarged, and there was a definite systolic apex-bruit. The radial artery was thick and tortuous. His pulse was irregular and slow, the average rate being 48. The urine was of low specific gravity, and contained the merest trace of albumen. His lungs were unaffected. His former ward clerk remembered that when he was in the hospital last Christmas the urine was on several occasions found to be free from albumen. He was obviously suffering from mitral regurgitation, and the cause of this condition was the subject chiefly under the consideration of the class. Disease of the mitral valve due to rheumatism, and dilated orifice due to Bright's disease, to general atheroma, or to fibroid or fatty degeneration of heart-muscle, were advanced as possibilities. The absence of a rheumatic history and the advanced age of the patient were thought to exclude endocarditis. The occasional absence of albumen at so late a period of the disease was urged as an argument against interstitial nephritis, while the marked atheroma of the radial artery seemed to point to this change as an important cause, either by its general effect in raising blood-pressure, or indirectly by producing fibroid change in the heart-muscle through obstruction of the coronary arteries. The slowness of the pulse was next considered, and digitalis being suggested as a possible cause, it was elicited that the patient had taken no drug during the last month. Aortic stenosis, another common cause of slow pulse, was certainly not present. This symptom was considered to add to the probability of structural change in the heart-muscle, which is a recognised though rare cause of slowness of the pulse. The patient having stated that he was passing urine freely and that his bowels were regularly open, the prescription given was—

Liq. Strych. ♏ iij.
Mist. Arsenicalis ʒj. t.d.s.

Another patient, æt. 35, complained of constant headache for two months, so severe as to prevent his sleeping and sometimes waking him two hours after he had fallen asleep. He had been a van-driver till three months ago, since which date he had been a barman. He suffered from retching in the morning, but from no gastric pain or vomiting at other times. He admitted to drinking a moderate amount of gin. A year or two ago, finding that when reading the words ran into one another, he bought a pair of spectacles, which he had since generally used for reading and other close application. His change in occupation had not led him to use his eyes more. In fact, he had read less as his work had been more continuous.

The liver was found to be enlarged so as to extend below the level of the umbilicus; its edge was clearly felt, and was harder than usual, the surface was thought to be somewhat roughened. A diagnosis of cirrhosis of the liver in an early stage was confidently made. It was pointed out that at present no obstruction to the portal circulation had taken place, the retching from which the patient suffered being more likely due to direct gastric irritation from alcohol than to congestion from cirrhosis.

Among the suggestions offered by the class to explain the headache were chronic alcoholism, sudden change from outdoor to indoor occupation, dyspepsia, and some error of refraction, hypermetropia or astigmatism. Although it is unusual for any cause except organic intra-cranial disease to produce a headache so intense as to awaken the patient, the absence of any other symptoms of cerebral tumour and of a history of syphilis made organic disease unlikely. Dr. Shaw thought an error of refraction a probable cause, and remarked that he believed a slight error of refraction, which might be quite ineffectual as a cause of headache when the patient was well, might become a very potent cause when the general health was in any way impaired. The patient was sent to see Mr. Brailey in order that his eyes might be examined, and was ordered iodide of potassium, a drug which appears sometimes to have a good effect in the earlier stages of cirrhosis. The undoubtedly fatal effect of a continued indulgence in alcohol was clearly pointed out to the patient.

Another case giving rise to some difficulty in diagnosis was that of a youth of 17, who while in good health was seized on the previous evening with sudden and severe pain in the right side of his abdomen. He was at the time engaged in serving out meals in a fried fish shop, and could recollect no unusual strain or exertion, nor any indiscretion in diet. He was at once compelled to desist from his work, and on going to his bedroom was unable to lie down for several hours on account of the pain. He passed a normal motion soon after the onset of pain, and did not suffer from any undue frequency of micturition. He could not remember that the pain radiated to his shoulder or into his leg. In the morning, after a restless night, the severe pain had passed away, but a feeling of soreness was still present. There was no jaundice, and the urine was normal. Nothing unusual could be made out on examination of the abdomen. Especially was it remarked that there was no tenderness in the right iliac region. The sudden onset of such severe abdominal pain was considered to suggest either perforation of a viscus or some variety of colic. The former condition was negatived, not by the cessation of the pain, which is not very uncommon even after perforation of a gastric or duodenal ulcer, but by the absence of collapse. There was little to lead to an accurate diagnosis as to the variety of colic, whether renal, biliary or intestinal. The position of the pain was consistent with any of the three. Positive indications such as jaundice, hæmaturia and diarrhœa were all absent. The age of the patient was thought to make gall-stones unlikely, while the great

heat of the weather, which might induce decomposition of food and concentration of urine, made either intestinal or renal colic probable. The patient was instructed to take a simple diet with a large quantity of fluid, and was ordered a purgative pill and frequent large doses of citrate of potash.

A woman, aged 60, was sent up by a doctor for a confirmation of his diagnosis of cancer of the stomach. She stated that she was in perfect health with good appetite and digestion till three months ago, when she began to be troubled with pain after food. Persistent vomiting with complete anorexia followed and she had wasted rapidly. There had been no hæmatemesis recognised by the patient, but she had noticed the vomit sometimes to be of a dark-brown colour. A very tender superficial rounded nodule of the size of a walnut was felt by the left of the umbilicus, and the gastric area was occupied by a smooth tender mass with a defined margin occupying the position of the greater curvature of the stomach. The diagnosis was confirmed and it was remarked that so large a growth was likely to be a colloid carcinoma, and to invade the peritoneum, especially the great omentum. The nodule at the umbilicus was probably a secondary deposit. The patient was recommended for admission.

Among other interesting cases we noted a patient with locomotor ataxia whose lightning pains had been relieved by phenacetin; a case of amyotrophic lateral sclerosis, whose spastic condition was being treated, not very successfully, with physostigmin; a case of recurrent hæmoptysis with physical signs at the base of the right lung, whose attacks of hæmoptysis appeared to yield to treatment by turpentine; and a woman with a universally contracted right lung, who proudly stated that three years ago she had successfully resisted her doctor's proposals to treat an extensive pleuritic effusion by aspiration—the diagnosis written on her letter was "Pleurogenous fibroid pneumonia."

Annual School Prizes.

A COMPLETE rearrangement will next year be made in the method of competition for the school prizes for general proficiency. The introduction of the five years' curriculum made some change desirable, and on reviewing existing arrangements it was found that except in the case of the first year's prizes, the competition for these rewards was far from satisfactory. The men who gained the first year's prizes were generally left to compete amongst themselves for those in the second year, while in the third and fourth year, many men who had spent extra time on the fellowship or intermediate M.B. examinations found it impossible to compete without entirely disarranging their course of study.

In the prospectus for 1896-97 will be found full particulars of the arrangements of the competition. There are two sets of prizes called the junior and senior prizes for general proficiency. In each set there are three prizes and a variable number of certificates, according to the merits of the competitors. A candidate for one of the junior prizes will have to undergo three examinations during his first two years, one in elementary anatomy at the end of the first winter session, one in histology at the end of his first summer session, and a third in anatomy and physiology at the end of his second winter session. After each examination the marks will be duly registered and the prizes and certificates will be awarded as a result of the aggregate marks obtained at the three examinations.

For the senior proficiency prizes papers will be set in medicine, surgery, pathology, midwifery, diseases of women, pharmacology and therapeutics, forensic medicine, public health, and mental diseases, and there will be practical examinations in clinical medicine and clinical surgery. The papers will be set in March for those subjects which are lectured on in the winter, and in July for those lectured on in the summer. A candidate may take the subjects together or separately at any time in the three years after he starts work in the wards as a surgical clinical clerk, provided that he has not obtained a registrable qualification to practise. The marks will be registered as in the case of the junior prizes, and after each winter examination the total marks obtained by those who have already been examined in all subjects will be compared and will determine the award of the prizes and certificates.

Guy's Hospital Christian Union.

MISS E. BRYANT, a member of the Guy's Hospital Missionary Society, and formerly a Sister in the Hospital, has been accepted by the Church Missionary Society for service in China, and expects to leave England in October next.

The committee of the Missionary Society desire to assist Miss Bryant in providing some part of her outfit, and have voted £5 to form the nucleus of a fund for this purpose, and in addition, have determined to appeal to the numerous friends of Miss Bryant and all who are interested in the Missionary Society to help, if they have not already done so. It is proposed with the amount collected to procure whatever Miss Bryant may suggest as being likely to be useful to her in her work abroad.

The Society appeals to all readers of the GAZETTE to help them in this matter, in order that some substantial aid may be given to the first member of the Society who has left the home country for work in foreign parts.—On behalf of the Missionary Committee,

E. GODBY, *Sister of Charity Ward.*
ARTHUR W. ORMOND, *Hon. Sec.*

July 9th, 1896.

Passim.

The next issue of the Gazette will appear on Saturday, August 8th, and after that the usual interval of a fortnight will occur between the numbers during the holidays.

We are asked to draw the attention of our readers to a paragraph on another page relative to the efforts the Missionary Society is making to give some assistance to Miss Bryant, whom many of us remember as Night Sister, in furnishing her with a few necessaries for her work in the Far East.

The letters of X. in another column should be the part of this week's Gazette to call forth most comment from those of our readers who are still at Guy's, and of the truth of his facts everyone at all interested in the doings of our second teams has been for several years only too sure. There are many among us now who connect with this fact the partial loss of our prestige as an athletic hospital, and we can well remember that at the time when such practices were in their youth several of our seniors pointed out that the inevitable result would be the loss of all those trophies which then adorned our club rooms.

The Association Football Cup, Athletic Shield and Cricket Cup have left their long-accustomed brackets, while the Rugby Football and Tennis Cups shun a mere glimpse at us. And yet, while this is so, we, whose every effort should demonstrate that it cannot be from want of keenness and activity, but only from a cyclic coyness of Dame Fortune that our walls are robbed of their pristine decorations, nurture a serpent in our bosom in this well recognised lack of attention to the very alphabet of athletic excellence and even let it be talked of unmoved. Can this be true?

Aetas parentum pejor avis tulit
Nos nequiores, ...

Everyone who knows Mr. E. T. Shorland will be glad to hear that he sails, in charge of a patient, to-day for a voyage round the world, and while congratulating him on gaining an experience which could not fail to be of great benefit to anyone who must spend much of his time among all classes, we also think the patient peculiarly fortunate in his selection of one, who from both his professional, social and athletic reputation, is exceptionally fitted for a position in which professional knowledge is but one of the many necessary qualities to make such a tour successful.

One has often heard vague—yet serious—complaints of the treatment of medical men in the A.M.S., and the article on this branch of the profession in the Gazette about a month ago, has drawn forth from one whose 30 years' experience of "the Service" well qualifies him to hold decided opinions, a letter and a pamphlet in which he briefly details the grievances under which the army surgeons at present labour. He points out the inferior status of the medical man and the absolute want of stimulus to research on any subject, urging meanwhile the advantages of a short service system. It is impossible in these columns to do more than notice his letter, but we hope in a future issue to deal with both sides of the subject at some length.

Mr. Targett will give a lantern demonstration at 12 o'clock on Tuesday next on "Growths of the Kidney."

"Ward Clerk's" letter, following so soon on the remarks of "Leucocyte," will, it is to be hoped, have the effect of drawing the attention of the authorities to the great need there is here at present for a systematic course of instruction in antiseptic and, more especially, aseptic surgery. At the present time few men have the opportunities of even grasping the elements of this improved mode of treatment, and we cannot help thinking that the institution of such a course would be justified by the attendance of many who are no longer ward clerks, yet equal to them in ignorance in aseptic matters, and from whom example is taken and habits acquired. Moreover, such lectures, if they could find their way into the Gazette, might be of great benefit to Guy's men now gone from here, who never had the opportunities we can now enjoy.

Wooldridge Memorial Prize.

In memory of their late distinguished colleague Leonard Charles Wooldridge, formerly Lecturer on Physiology, the Staff of the Medical School of Guy's Hospital have determined to offer for competition among their students a prize for the subject in which he worked with so much zeal and success. As there already exists a Scholarship for Physiology, founded by William Sands Cox in 1875 and awarded triennially, it is arranged that the Wooldridge Memorial Prize shall be offered for competition only in those years in which the Sands Cox Scholarship is not awarded. The value of the prize will be £10, and the terms of the competition will be similar to those which govern the Sands Cox Scholarship. The first award will be made in March, 1897.

Case of Eclampsia with Hyperpyrexia.

(TEMPERATURE 108·8°).

I WAS asked to see a man (E. B., æt. 30), on the 17th October last, in the afternoon. He was in bed, but had been walking about the house in his night-shirt, and the friends described him as "noteless" and queer in the head.

Family history.—Father healthy; mother has had several slight "strokes." A sister has been under treatment for neurotic vomiting.

Previous history.—Was perfectly healthy till he went to Burmah with his regiment. There he had many attacks of fever, and was ultimately invalided two years ago on account of his heart—had palpitation, and pulse-rate 140 at times.

I have seen him from time to time, but not treated him, and four months ago I noticed that he looked much thinner, and his complexion, always dark, was pale and more sallow. I am told that during the last seven months he has not seemed well. Six months ago he had some kind of seizure, and was unconscious for some time. He found himself unable to pursue his occupation of insurance agent. During the last six months he has got "noteless" and irritable, and has constantly sat over the fire complaining bitterly of the cold, even on the hottest of the hot days of the summer just passed.

He had complained of severe pains in the arms and legs, and latterly became weaker, and repeatedly said that he was going mad. He was often ravenous, and suffered at times from intense thirst.

When I saw him on the 17th (Thursday) he was lying flat on his back. His cheeks were hollow, malar bones prominent, and his complexion was very sallow. His face was expressionless. It was difficult to get him to respond to questions, and when he did attempt to do so, after repeated efforts the attempt gradually died away. The facial muscles were very tremulous, and the mental effort was feeble and of short duration. The pupils were dilated. Plantar reflexes decidedly active and knee-jerks increased. Temperature 101°; pulse 96. No abnormal signs due to lungs. Heart: Slight basic systolic bruit. Abdomen: No tenderness nor swelling. He refused food and lay perfectly passive.

Next day (Friday) he appeared better in the morning. The temperature was normal. He had not slept at all.

On Saturday (19th) I had an urgent message, and found that at 11 a.m. he had had a convulsion. His face was a dusky blue, and was covered with large drops of sweat. Respiration noisy—60 to the minute; pulse 160, very small and compressible. He had muscular contractions affecting the arm and leg and back muscles. He had well-marked opisthotonos and retraction of the head. The whole surface of the body was bathed in a most profuse sweat, and was intensely hot to the touch. The temperature rose from 107° to 108·8° at 1 p.m., and he died at 3 p.m.

Post-mortem.—The heart was normal in size and apparently otherwise healthy. Lungs: Normal. Liver: Seemed bulky, and displayed four or five gummata about the size of a walnut. Kidneys: Healthy. Spleen: Markedly enlarged, but firm, and showing no signs of having been recently affected. Brain: Excess of fluid in the lateral ventricles, otherwise it was perfectly healthy. Spinal cord: Four inches of dorsal cord exposed, which was not affected in any way.

I had expected to find a cerebro-spinal meningitis, and as I was puzzled by its absence, I sent the notes of the case to Dr. Pye-Smith, who very kindly sent me some observations in reply, which add much to the interest of the case, and which he has allowed me to send to the GAZETTE.

Letter from Dr. PYE-SMITH containing observations on the case.

"I have read the notes of the very interesting case you have sent me, and this is the conclusion I have come to. Before coming to the account of the S.C., I said to myself, this is a syphilitic eclampsia, and the gummata you found in the liver confirm that diagnosis.

Some points one must always set aside—the mother's apoplexy, his own palpitation and rapid heart, and the basic bruit. But he was a soldier, and had been in India. The enlarged spleen was perhaps malarial, if firm; if soft, more likely pyrexial; therefore, a likelihood of lues.

He lost flesh and got sallow (constitutional cachexia, in a young man; syphilis in an older man, ? cancer). Then a "fit, unconscious for some time"—either apoplexy or epilepsy—no paralysis following, and age made latter more likely. Chilliness, very curious, ? labile cerebral heat-centres — corresponding to his hyperpyrexia afterwards. Ravenous and thirsty—could he have had cerebral glycosuria? Condition on Thursday—no very definite symptoms, but probably, I think, the result of a fit of eclampsia he must have had the preceding night.

Fit on Friday obviously epileptic. Previous diagnosis confirmed. Not idiopathic, because he had none till nearly 30. In the absence of plumbism, etc., most likely due to lues. I should have expected to find cerebral gummata with secondary meningitis. I suspect the latter was or had been present, with, perhaps, a few minute gummata, and that it had closed the foramen of Majendie, and thus led to accumulation in the ventricles: or this may itself have been inflammatory. Or it may have been a case described, but, I think, doubtful, as syphilitic epilepsy without anatomical lesion, *i.e.*, the poison of lues acting as a toxic agent, like lead or alcohol.

I have just jotted down these comments as I followed your clear and interesting narrative. It was a great thing to get a *post-mortem*, but it was under unfavourable circumstances, and a little cerebro-spinal meningitis might be overlooked by anybody without minute investigation. Of the main pathology of the case I have no doubt."

Incurable Discharge from the Antrum.

A CASE very recently under treatment in the hospital would in itself go far to prove that chronic inflammation of the antrum may be incurable, and that the most satisfactory treatment may be the establishment of a permanent opening into the cavity.

The patient was an unmarried woman, æt. 21, and she gave me the following history of her complaint. In the summer of 1891, she noticed a discharge from the nostril. There is no history of an alveolar abscess, and the cause does not seem to have been of dental origin. For the next twelve months she was treated by a doctor at her home, and during that time she syringed out the nose with various lotions, but no improvement resulted. Four years ago she came to the hospital, where the antrum was opened and a drainage-tube inserted. An operation for necrosed bone in the nose was performed three and a half years ago. The opening was now allowed to close, but on the return of the discharge the antrum was re-opened and drained. Subsequently an opening as large as the tip of the first finger was made, and the cavity was stuffed with iodoform gauze. One year ago the antrum was re-opened, and a metal drainage-tube fixed to a vulcanite plate was fitted by one of the Assistant Dental Surgeons. In January of the present year the patient was ill, and discontinued the use of the plate. The opening soon became reduced to a mere sinus, and a flexible wire drainage-tube was inserted. In April she came under my care, and I decided to establish a permanent opening. At my request the antrum was once more opened up, and I made a vulcanite plug which entered the antrum, and was covered over with a denture. At first the plug caused an aqueous discharge from the nose during mastication, but this is subsiding. The patient syringes out the antrum daily, and as the opening is nearly as large as an ordinary wooden lead pencil, there is little difficulty in keeping the cavity clean.

June 17th, 1896. F. NEWLAND-PEDLEY.

From the Gazette's Special Pathologist.

NOTICES.

H. M., KIDDERMINSTER.—The chief feature of this specimen is the very dense fibroid tissue, which has replaced the normal breast substance. Around the compressed remnants of the glandular tubules there is much inflammatory change. In some parts also there are appearances suggestive of malignant disease (carcinoma), but they may bear another interpretation.

H. R. M., HASTINGS.—The growth from the labium is a squamous-celled epithelioma, the stroma of which is much infiltrated with inflammatory cells. There are secondary deposits in the lymphatic gland.

H. R. M., HASTINGS.—After twenty-four hours' incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli, associated with a few staphylococci.

PATHOLOGIST.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

The Nursing at Guy's.

SIR,—As an old Guy's man the portion of the GAZETTE which interests me most, and to which I instinctively turn first, is "Passim." But I got rather a shock on coming across the following passage in the last number, commenting on Mr. Salter's note on the antitoxin treatment of diphtheria:—"Our results in Guy's have certainly been astoundingly good, and the difference between the decreased mortality due to the use of antitoxin at Guy's and at the fever hospitals is a marked proof of the good results of good attendance and careful nursing." This implying, of course, that the nursing and attendance at the fever hospitals is of an inferior order to that at Guy's.

Now, sir, *esprit de corps* is all very well, and we at Guy's have always been noted for it I am glad to say, but let us be fair and not "pat ourselves on the back" at the expense of the fever hospitals of the Metropolitan Asylums Board, from whose reports Mr. Salter gets his figures. To do this would, I think, be a gratuitous and unwarrantable injustice to those excellent and useful institutions.

It is the statement as to "nursing" in the fever hospitals that I desire to controvert. The question of "attendance," if by that "medical attendance" is meant, is personal, and, besides there are plenty of Guy's men still in the Metropolitan Asylums Board's service, including three Medical Superintendents, to speak for themselves if they care to. Besides, practically everything in the after-treatment of tracheotomy depends on the nursing, and, as far as my own experience goes, I have no hesitation in saying most emphatically, that the diphtheria, *and other*, nursing in the Metropolitan Asylums Board's hospitals is not one wit inferior to that at Guy's, or any other hospital. I say "not inferior," as that is the point at issue; but it must be remembered that many diphtheria nurses have been in the service some years, and have nursed many more cases each year than are treated at Guy's, so that their experience should count for a good deal. There are, by-the-bye, a fair number of Guy's nurses in the Metropolitan Asylums Board's service, so that the sweeping indictment of the fever hospitals includes them also.

No, sir, this is not the explanation at all, the real point I would venture to remark is, as all who have much to do with statistics know, that 45 cases is far too small a number from which to draw the inferences that Mr. Salter does. For example, to say that because two cases recovered out of three in the 1—2 age period at Guy's in 1894–96, therefore the death rate at this age is only 33·3 per cent., and to imply that anything over this is excessive and due to bad nursing, is absurd.

When you deal with larger figures, as for instance the 53 cases at the same age period in the same time in the

Metropolitan Asylums Board's hospitals, you arrive much nearer the true mortality at that tender age, namely, about 66·6 per cent.

Everyone who has had much to do with tracheotomy for diphtheria knows that you get runs of successes and runs of failures, and it is only by taking large numbers of cases that you arrive at, or near, a true mortality. I heard not long ago of a house-surgeon at one of the largest London general hospitals, who had 14 consecutive deaths after tracheotomy, and I have known in the Metropolitan Ayslums Board's service 13 consecutive recoveries. I don't suppose the most rabid Guyite would maintain that these cases are better treated at Guy's than at the particular general hospital I quote; why, therefore, say it about the fever hospitals? In days gone by the fever hospitals had a bad name for nursing, but there is, in my opinion, no justification now for anything of the kind, and it is only ignorance of the service that allows such statements to be made.

Apologising for the length of this letter, I am, sir, yours faithfully,

E. P. MANBY,
Assistant Medical Officer of Health, Liverpool; formerly an Assistant Medical Officer under the Metropolitan Asylums Board.

Liverpool, June 21st, 1896.

The Festival Gazette.

DEAR SIR,—I return you many thanks for sending me such a beautiful copy of the Festival number of the GUY'S HOSPITAL GAZETTE. I have read it with much interest, and can endorse all it says regarding the great good Guy's Hospital bestows on all suffering entering its walls. I came under the operating knife, for stone, of Mr. Aston Key, in 1841, and the memory of the great kindness I then received from all who ministered to my comfort and recovery I shall never forget. But, oh! that theatre, with the rows of faces towards the table to which I was strapped, with Mr. Key's kindly but serious face, in his shirt sleeves and leather apron on I shall never forget. But the operation was soon over, I think in about a minute and a half, but my astonishment was greater when Mr. Key placed the stone in my hand after he had removed it from me. I thought the obstruction must have been something in the nature of a cherry-stone or the like which I had swallowed. However, I sincerely hope the Hospital will meet with all the financial success it deserves. I will forward another subscription towards the close of the year, and so on while living.—I remain, dear sir, yours respectfully,

G. A.

Burdett Road, E., June 22nd, 1896.

Five Cases of Insolation.

SIR,—The following cases of Insolation may be interesting owing to the irregular nature of the symptoms. The weather at the time was not exceptionally hot—86° F.—but the air was very moist and trying. Five of the cases took place in one day, two of the patients being third-class stewards, and the other three third-class passengers, who were ill on the following day. All the cases exhibited the same symptoms—one, a steward, in a very much more marked degree than the others.

This patient, T——, was brought up from third-class at 12.35 p.m., unconscious; eyelids closed, eyes fixed, sensitive and dilated; pulse 90, full and bounding; temperature 101° F.; at intervals violent paroxysms of clonic convulsions took place, during which it was difficult to prevent patient injuring himself. Headache was the principal symptom complained of. He was placed in the coolest part of the deck and ice applied to head; he was kept quiet and a strong dose of bromide administered at once. In forty minutes consciousness returned, the fits *pari passu* decreasing in length and intensity. At 6.30 p.m. patient became unconscious again with convulsions, coming round in two hours; he was rather lethargic, went to sleep, passed a good night, and was much brighter in the morning. At 12.30 p.m. he complained of great pain in head, became dazed, with vacant eyes, and a temperature of 100° F.; then he became unconscious, with convulsions (ice had in the meanwhile been applied to the head), the paroxysm lasting forty minutes. He passed a good afternoon; fits were repeated in the evening at 6.45. He slept well during the night, and seemed in good health the next day until noon, when the trouble returned, this time without convulsions. In the evening, at the same time as on the previous night, unconsciousness returned, with fits again the next day at noon, this being his last attack. He recovered without any sequelæ, strong doses of bromide being continued for some days.

The other patients had precisely similar symptoms, but in a much less degree, having only the primary attack. In no case did the temperature rise higher than 101° F. All recovered without complications with the exception of one steward, who was light-headed for a day or two. It will be noticed that in T——'s case there was a periodical return of the trouble at certain times in the day—about noon, and about 7 p.m. In the other cases there was no syncope; the pulse was at 90, strong and bounding, and there was no great rise in temperature (two degrees the maximum), and no delirium, nor was the attack followed by any complications. Heat apoplexy is very unusual in this trade (England to Cape Town), especially among stewards, sailors or passengers; amongst firemen it occurs now and then—in three years' experience I have only had four cases from that department, all of which were the syncopic form of the books. The surgeon of the New Zealand passenger ship which arrived off Cape Town a day after us had an experience in the same latitude similar to my own.

H. K. RAYSON.

R.M.S. "Roslin Castle," May 4th, 1896.

The Lamentable Ignorance of Ward-Clerks.

DEAR SIR,—The letter in your last issue under the above title would rather give the impression that it was the fault of the ward-clerk if the case "went septic." I hardly think this is so. The ward-clerk cannot be expected to know much of things surgical, and it is more often the dresser's fault if he does what he ought not to at an operation. Ignorance, which in him is excusable, is absolutely inexcusable in a dresser, and it is the results of such ignorance that one too often sees at, and after, an operation. As Leucocyte suggests, a course of instruction in asepsis at the beginning of one's surgical studies would do much to prevent the occurrence of blunders, due entirely to the ignorance of dressers.—I am yours, etc. WARD-CLERK.

Patriotism in Second Teams.

DEAR SIR,—Doubtless there are many among our numbers, who have been struck with the unhealthy state of *second teams* at our hospital. By this I mean that everyone who has interested himself at all in our sports must have noticed how weak our second teams are as compared to what they should be, seeing the number of students we have available. In both cricket and football there are men who prefer to give up the game, or play for an outside team, rather than lend their services to our second. It is, then, only fair to expect that these men should be barred from playing for the first team, and that a regular member of the second should be allowed the honour of representing the hospital when an opportunity arose. This in a large measure accounts for want of keenness, and as a consequence we have a few men who play just when it suits their convenience. With these difficulties to contend with, one can understand how hard it is to raise a representative second, but when we find, on the morning of the match, pencil marks through two or three men's names the matter becomes an impossibility. There must surely be some remedy for this state of things, and I hope that should your readers be so good as to offer any suggestions they may appear in your next issue. Hoping this letter will receive a small amount of attention from all those interested in our success, I remain yours truly, X.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN.)

The offertories for the Rochester Diocesan Society this year amounted to £4 6s. 7d., and those on "Hospital Sunday," for the Re-endowment Fund, to £3 15s. 2d.

The Rev. Professor Bevan, Rector of Holy Trinity, Sloane Street, preaches in the Chapel, at 7 p.m., on July 19th.

The Rev. M. C. Whitelaw, Rector of Lutton, near Oundle, will act as the Chaplain's *locum tenens* during August. He will reside in the Chaplain's house.

The organ has been thoroughly cleaned and its action overhauled. It is proposed to add another stop to the great organ. Besides some stops of the usual diapason and flute quality, the great organ at present possesses only one very loud reed. It is proposed to add a soft Gamba of reed-quality. The money is being collected by private subscription.

Just a "Note *from* the Chapel" to finish with, though it is not *about* the Chapel. The Church's sons have ever been lovers of true learning, and the Chaplain finds it hard to believe that any member of a great school of learning like Guy's can look on unmoved while the London University question is being played with year after year in Parliament. As the Duke of Devonshire told the House of Lords last week, it will amount to a "grave scandal" if the Metropolis remains much longer without a teaching University. For reasons which are very obvious to all members of Convocation of the present University, that body is likely to give very little effective assistance towards removing the scandal. But, surely, London at large has some claim to be heard. Would it be any way possible for Guy's to set on foot a petition to Parliament from persons residing in London whose vested interests may, or may not, be touched, but who most certainly desire to see learning promoted, and the educational resources of London co-ordinated and fully used to that end?

An Illness from a Patient's Point of View.

DEAR DR. A.—You ask me for an account of my late illness. *En voici.*

I was in my usual good health last Friday. The day was hot with what people call a "treacherous" east wind, and if I got a "chill," it was without knowing it. I sat down to dinner with appetite, was busy at home all the evening, and only when going up to bed was attacked by sudden and violent but painless diarrhœa. I went to bed, and was not disturbed again till morning, but passed a wretched night from nausea, heartburn and griping pain. I got up at my usual hour, had my cold bath, and came down to breakfast, but could not touch either bit or sup. On the contrary, I had to hasten from the table to relieve my stomach of a quantity of food, some of which looked like blood, but I remembered a few strawberries I had after dinner, and recognised their colour in a disagreeable way. I should say that I had taken two of your bismuth powders, but again I had a loose and violent motion, and about twelve o'clock a second bout of vomiting, in which I brought up small black fragments which reminded me

that we had eaten some mushrooms at dinner the evening before. I was obliged to go out in the afternoon, but came back very tired, and could eat no dinner. I had taken a little arrowroot for lunch, and now I had another cup of it, and then went to bed. I had a better night, after a hot bath and fifteen drops of chlorodyne, and next day lay in bed till the afternoon. I had again only arrowroot and hot milk and water. Two loose stools were quite colourless, a great contrast of those of the day before, which were like dirty water. My tongue was thickly coated, so I took a "liver-pill" of your prescription—not mercurial, you told me; and had again a good night. This morning the sickness and diarrhœa are over, but I still feel tired, and both yesterday and to-day have felt the aching in the limbs and back which attend the "feverish colds" to which I am, as you know, subject in the winter.

Was the attack one of these "turned inward"? I do not think it was "indigestion," for I had a moderate, well-dressed dinner, I drank less wine than usual, and I do not, so far as I know, suffer in this way. Moreover, I felt no discomfort till four hours after dinner. Mushrooms, I believe, are sometimes poisonous, but others had eaten them without harm that evening, and one of my children, who ate no mushrooms, has been suffering from sickness and looseness of the bowels. Moreover, after the vomiting and diarrhœa had ceased, I was still excessively tired, and suffered from aches and "rheumatic" pains (if they are rheumatic) for two days.

You have brought this egotistical letter upon yourself, but I feel ashamed to send it. A man's self must always be interesting to himself, but it is bad manners to pour our little troubles into other people's ears. Still, as my doctor and a friend who has known me all my life, you may find my answer to your inquires less tiresome than another would. At all events, you are the only person I should thus write to, and even you must regard it as a tribute to the good nature which is so well known to your friend and patient.

WILLIAM B——.

Reviews.

Manual of Practical Anatomy. By Professor Cunningham. Second edition. (George Pentland).

The favourable view that was taken of this work when it first appeared has been confirmed by the call for a second edition after a comparatively short space of time. In this (second) edition the matter has been carefully revised, but the size of the two volumes is not increased, in spite of the additional illustrations. These new drawings have reference to the wrist, knee and ankle-joints, to the abdominal cavity and its viscera, and to the head. Some valuable representations of difficult dissections of the temporal bone are borrowed from Professor Fawcett, of Bristol, as well as some from the new "Quain." The descriptive text is concise, but very readable. Professor Cunningham has a wonderful power of lucid demonstration as a lecturer, and he has made full use of his power in writing this excellent manual. We understand that it has become very popular at Cambridge and at most of the London schools.

Manual of Pharmacology and Therapeutics. By Dr. Murrell. (Baillière, Tindall & Cox). Price 10s. 6d.

A book written especially for the Conjoint Board examinations, and by one of the examiners on that Board, is likely to prove attractive to students. It certainly contains much useful information, sometimes well classified for the examinee, and written in a smart style. But at times the style degenerates into mere flippancy. The account of massage is little more than a record of the doings of certain immoral establishments in the West End. The last eighty pages are devoted to prescriptions, dainty diets in sickness and health, and examination questions. Thus it will be seen that there is much therapeutic matter in the book which will be very valuable in practice, and it is a pity that the faults above mentioned have been allowed to disfigure what is intended as a students' manual.

Public Health Laboratory Work. By H. R. Kenwood. Second edition. (Lewis). Price 10s. 6d.

This handy volume is already well-known, and the appearance of a new edition we may take as an indication of its favourable reception. The text has been thoroughly revised, with the view of making it more useful as a laboratory guide, and new chemical processes have been introduced. Water analysis is very fully dealt with. It may be open to question whether the chemical test is sufficient for organic matter in water. The author states that no good water can ever be condemned by this process, nor could a really bad one ever escape condemnation. But might not conditions short of "really bad" exist which would be harmful, and yet yield no substantial results in the estimation of organic matters? If we remember rightly, this was the case with the Worthing water during the typhoid epidemic a few years ago. The drawings of various food parasites and other microscopic objects are rough, and would not be of much use to anyone quite unacquainted with their appearances. In other respects the book is well got up.

Voces Populi Africani.

SCENE—Interior of the Dispensary, Zamba. *The whitewashed mud walls are covered with ricketty shelves, obviously made from Morton's provision boxes; they are riddled with rat-holes, from which from time to time a rat hurriedly runs, knocking down a bottle or two as he passes.*

Medical Officer (who has just been looking round the room and behind the boxes, pointing to the victims of "Rough on Rats," to dispensary boy).—Jani, go outside, make a hole in the earth, and put these er—er—(does not know the word for rat) in it.

Jani, a scraggy Atonga with slit ears, ponders, takes a pinch of snuff from an old Martini cartridge-case which is tied round his neck).—Make a hole?

M. O.—Yes.

J.—In the earth?

M. O.—Yes. (*A long pause.*)

J.—What shall I make a hole with?

M. O.—A spade.

J.—A spade?

M. O.—Yes. (*Another pause.*)

J.—Where is the spade?

M. O. (points).—There.

J.—Make a hole?

M. O.—Yes.

J.—Where?

M. O., who by this time has lost his suave Guy's manner, looks at his boots, and thanks heaven he has got a thick pair on.

J., noticing the glance towards boots, disappears rapidly.

M. O. (sits down on an empty box marked "Morton's Jams," puts on an apron, removes the lids from various biscuit tins, disclosing lint and dressings) to group of squatting natives: First man.

Uneasy movement amongst the patients.

Various Patients.—He's calling. Who? You—yes, you. Calling?

Some rise in a timid way and then squat down again. One old man, bolder than the rest, advances.

M. O.—What's the matter?

P.—The matter?

M. O.—Yes, the matter.

P. (turns to his friends).—What does he say?

Chorus of Patients.—He—says—what—is—the—matter.

P. (grasping meaning, places both hands over his stomach and assumes an agonised expression).—It goes Ga! ga! ga! (Executes stabbing motion with his hand.)

M. O.—How long have you been ill?

P. thinks, then puts up the second and third fingers of the left hand and holds down the thumb and other fingers with two fingers of the right hand.

M. O. (unable to understand this method of counting).—How long?

P. shakes hands backwards and forwards.

M. O.—Four days?

P. assents by opening his mouth and throwing his head back, making a grunting noise.

M. O.—Five days?

P. assents. He also assents to every period the *M. O.* mentions.

M. O. (changing the subject).—Put one hand where the pain is.

P. runs both his hands over the greater part of his body.

M. O. (relinquishing that point).—Vomited?

P.—Grunt of interrogation.

M. O. (raising his voice).—Vomited?

P.—Vomited?

M. O. (shouting).—Yes; have you vomited?

Chorus of P's.—He says—Have you vomited?

P.—I? Vomited?

Chorus of P's.—Yes, have you vomited? (They all help his understanding by a realistic imitation of the condition.)

P. at length grasps the meaning, but indignantly repudiates the soft impeachment. *P.* coughs.

M. O. (on the track of that cough).—Got a cough?

P.—Eh. I go Uch! uch! uch! and it (pointing to chest) goes Ti! ti! ti!

M. O. produces stethoscope.

P. at once takes to his heels. His friends, laughing, persuade him to return. He does so hesitatingly. Chest and everything normal.

M. O.—Do you want medicine?

P. eagerly assents.

M. O. pours out some of the following famous mixture:—

Mist. Preventiva, Z.H.P. (Zomba Hosp. Pharmacopœia.)

Take of	Castor Oil	Half-an-ounce.
	Worcester Sauce	Four drachms.
	Quinine	Five grains.
	Paraffin Oil	One drachm.
	Infusion of Quassa	Up to one ounce.

Watches the process of drinking with a triumphant look. Is the medicine good?

P. (shaking out the last drop into his yawning mouth).—The medicine is good, indeed.

M. O. (to *P.*, who still waits with an expectant look).—Well; what it it!

P. (in most persuasive tones, placing his hands over his stomach).—Hunger, master.

Sudden impact of a tin of dressings on the wall at the further end of the room. *P.* slowly goes and picks up the tin, returns it to the *M. O.*, and then takes an exhaustive survey of the dispensary.

P. (pointing to an empty pickle bottle).—I want that bottle.

A pot of ointment catches him in the small of the back. He retires; but, seized with a sudden inspiration, returns.

P.—Master—TOBACCO!

There is a dull thud, and the chorus of patients is scattered by a falling black object. *M. O.* examines his right ankle, and is relieved to find it is not dislocated.

P. picks himself up, and exit smiling. W. P.

Sport.

Cricket.

GUY'S v. STREATHAM.

Played at Honor Oak Park on July 4th, and ended in an easy victory for Guy's. Streatham won the toss, and batted first on a good hard wicket. Runs came very slowly, as both Palmer and Clarke were keeping a good length, and Dawson was the only one to offer much opposition to the bowling; he batted very freely after the first few overs, and made 92 out of a total of 150. The rest of the innings occupied only a short time, and Streatham were out for a moderate total of 185. Palmer bowled very well, taking five wickets for 53.

Guy's started well, as, after losing Nicholls at 31, Alexander and Clarke raised the total to 102 before Alexander was out for a well-played 42. Clarke followed soon afterwards for a capital innings of 52. The runs were then hit off for the loss of only five wickets. Wetherell and Barker both batted well for their runs, and when stumps were drawn we were 53 runs on with three wickets to fall. Scores:—

STREATHAM.

N. Miller, lbw Palmer	11
H. Hockley, b Palmer	3
H. M. Leaf, run out	12
H. L. Dawson, c and b Clarke	92
J. E. Barradell, c Palmer, b Clarke	11
A. De C. Scanlan, b Goddard	1
C. H. Leaf, b Palmer	27
E. H. Leaf, b Palmer	0
C. A. Hill, c Trubshaw, b Palmer	6
D. C. Car, c Palmer, b Nicholls	6
M. Leach, not out	1
Extras	16
Total	186

GUY'S.

F. T. Nicholls, b Dawson	18
A. E. Clarke, b Dawson	52
K. B. Alexander, c Dawson, b Barradell	42
K. V. Trubshaw, c Dawson, b Hockley	10
F. C. Wetherell, b Hockley	43
L. Humphry, lbw, b Hockley	6
E. Cohen, c Sub., b Hockley	10
H. M. Barker, not out	22
W. G. Palmer, not out	8
Extras	27
Total	238

H. Durbridge, E. G. Goddard, did not bat.

GUY'S v. ST. BARTHOLOMEW'S.

CUP TIE.

Played at Winchmore Hill on July 6th, and ended in a win for Bart.'s by 84 runs. Bart.'s had the good fortune to win the toss, but the start was sensational, four wickets falling for only 9 runs. The first stand was made by Sale and Greaves, who added 40 runs, Sale then being smartly run out. Whitwell and Greaves then commenced a long partnership, and, aided by luck, raised the score to 143, when Whitwell was easily caught and bowled. Greaves was the only one who could do anything with the bowling, hitting out in fine style, but when one short of a century he was unluckily run out. The innings soon afterwards closed for 187.

Guy's lost Clarke at 15, and the next ball got rid of Alexander, and so two of the best bats in the team were out for only 15. Nicholls, however, was playing very confidently, and it was felt that if he only stayed the runs might be hit off, but after making 30 out of 47 he was easily caught after a vigorous innings. The rest of the batting calls for no description, as it was feeble in the extreme, and we were again knocked out of the Cup competition. The display of batting was very disappointing, after the consistent scoring all through the season; but we must really buck up next year, and win the Cup. Scores:—

BART.'S

E. F. Rose, b Clarke	0
T. C. Sale, run out	24
W. H. Randolph, c Alexander, b Palmer	2
H. S. Scoones, c Clarke, b Palmer	0
A. E. Jeafferson, c Barker, b Clarke	1
S. H. Greaves, run out	99
H. W. Whitwell, c and b Clarke	25
H. Bond, c Nicholls, b Clarke	14
G. C. Marrack, not out	8
C. G. Watson, b Wetherell	0
H. W. Pank, c Nicholson, b Clarke	4
Extras	10
Total	187

GUY'S.

	1st innings.	2nd innings.
F. J. Nicholls, c Scoones, b Whitwell	30	not out 46
A. E. Clarke, b Rose	4	
K. B. Alexander, c Scoones, b Rose	0	b Greaves 33
K. V. Trubshaw, c and b Rose	3	
F. C. Wetherell, lbw Whitwell	3	
L. Humphry, c Pank, b Rose	33	
E. Cohen, b Pank	4	
H. M. Barker, c Watson, b Rose	6	
W. G. Palmer, c Whitwell, b Pank	1	
H. Durbridge, not out	1	not out 2
E. G. Goddard, b Rose	6	
Extras	12	20
Total	103	101

GUY'S v. BRENTWOOD.

This, the last match, was played at Honor Oak Park on July 11th. Brentwood won the toss but did not take full advantage of such an excellent wicket, the score at lunch being 99 for 9, but on Quinnell joining Lewis a most determined stand was made, and the total taken to 175 before Quinnell was well taken at short leg off a lob. Nicholls and Palmer bowled best, the former having three for 21, and the latter three for 37.

Guy's had just two hours' batting, but after losing Nicholls at 7 Alexander and Clarke improved matters, and the total was taken to 43 before Alexander was bowled. Clarke followed soon after for a well-played 29. Humphry and Wetherell then made a stand, and Barker hit out well in the hope that the runs might be hit off, but he was unluckily run out just on time, the game being drawn in favour of Guy's, as we only wanted 18 to win with four wickets to go down. Scores:—

BRENTWOOD.

C. Ercott, b Clarke, c Palmer	10
D. Womersley, b Clarke	22
A. E. Heatley, run out	16
W. Kortwright, run out	4
— Cutts, c Clarke, b Palmer	4
H. E. Olivey, c Goddard, b Palmer	4
C. G. Monwether, c Humphry, b Nicholls	11
P. Hartland, b Nicholls	5
C. E. Lewis, not out	50
E. H. Lawrence, c Nicholls, b Clarke	5
H. Quinnell, c Cohen, b Nicholls	38
Extras	6
Total	175

Guy's	
F. J. Nicholls, b Heatley	3
A. E. Clarke, b Heatley	29
K. B. Alexander, c Lewis, b Heatley	19
K. V. Trubshaw, b Cutts	2
F. C. Wetherell, not out	36
L. Humphry, b Cutts	28
H. M. Barker, run out	19
Extras	22
Total	158

E. Cohen, W. G. Palmer, H. Durbridge, E. G. Goddard did not bat.

REPORT OF SEASON 1896.

This season we have played twenty matches, winning nine, losing nine and drawing two, and considering that three of the matches were lost by less than twelve runs, and that the return match against Brentwood was drawn considerably in our favour, it is by no means a bad record. In the Cup Ties we beat London and University, but were unexpectedly and somewhat unluckily beaten by Bart.'s. With nearly all the team available next year, we should go very near regaining the Cup.

BATTING AVERAGES OF 1ST XI.

	No. of Inns.	Times not out.	No. of Runs.	Most in an Inns.	Average.
A. E. Clarke ...	20	0	567	90	28·35
F. J. Nicholls ...	23	2	562	105*	26·76
K. B. Alexander ...	22	1	548	96	26
F. C. Wetherell ...	19	4	367	89	24·4
L. Humphry ...	15	1	318	63	22·7
H. M. Barker ...	16	3	286	64	22
C. A. Trouncer ...	3	0	66	43	22
K. V. Trubshaw ...	19	1	359	89	20
H. Durbridge ...	8	4	76	36	19
E. Cohen ...	18	2	210	76	14·6
E. G. Goddard ...	16	2	156	44*	12
A. E. Cawston ...	5	1	37	29	9·2
W. G. Palmer ...	2	1	9	8*	9
F. E. Walker ...	11	1	73	30	7·3

* Signifies not out.

BOWLING AVERAGES OF 1ST XI.

	Overs.	Maidens.	Runs.	Wickets.	Average.
F. E. Walker ...	22	2	51	7	7·28
K. V. Trubshaw ...	16	3	49	4	12·2
W. G. Palmer ...	59	19	125	10	12·5
K. B. Alexander ...	43	10	166	11	15
E. Cohen ...	15	0	76	5	15·2
F. J. Nicholls ...	258	55	742	46	16
A. E. Clarke ...	402	122	1048	58	18
C. A. Trouncer ...	45	7	121	6	20
E. G. Goddard ...	254	57	718	33	21·75
H. M. Barker ...	41	8	128	5	25·6
F. C. Wetherell ...	100	16	320	12	26·6

RESULTS OF 1ST XI.

Matches played, 20. Won 9; lost 9; drawn 2.

May 4.—v. Beckenham, won. Guy's, 225 for 7 wickets; Beckenham, 222.
,, 9.—v. Surbiton, lost. Guy's, 163; Surbiton, 237.
,, 13.—v. Hornsey, won. Guy's, 240; Hornsey, 181.
,, 16.—v. Crystal Palace, lost. Guy's, 146; Crystal Palace, 184.
,, 23.—v. Mitcham, lost. Guy's, 141; Mitcham, 225.
,, 25.—v. Past, won. Guy's, 305; Past, 85.
,, 30.—v. Hornsey, won. Guy's, 315 for 7 wickets; Hornsey, 134.
June 3.—v. Dunstable, won. Guy's, 182; Dunstable, 74.
,, 6.—v. Streatham, drawn. Guy's, 148 for 5 wickets; Streatham, 242.
,, 11.—v. Surrey Club and Ground, lost. Guy's, 99; Surrey Club, 227.
,, 13.—v. Brentwood, lost. Guy's, 174; Brentwood, 185.
,, 19.—v. Eastbourne, lost. Guy's 201; Eastbourne, 212.
,, 20.—v. Eastbourne, lost. Guy's, 171; Eastbourne, 174.
,, 24.—v. Croydon, won. Guy's, 260 for 4 wickets; Croydon, 139.
,, 27.—v. Bickley Park, lost. Guy's, 84; Bickley Park, 282 for 6 wickets.
July 4.—v. Streatham, won. Guy's, 238 for 7 wickets; Streatham, 185.
,, 11.—v. Brentwood, drawn. Guy's, 158 for 6 wickets; Brentwood, 175.

CUP TIES.

June 16.—v. London Hospital, won. Guy's, 229; London, 139.
,, 23.—v. University Hospital, won. Guy's, 266; University, 137.
July 6.—v. St. Bartholomew's Hospital, lost. Guy's, 103; Bart.'s, 187.

Association Football Club.

Since the last general meeting of the Football clubs Mr. F. E. Walker has resigned the captaincy of the Association XI. for the coming season, his reason being that he intends to throw in his lot with the Rugby section. The committee have elected H. M. Barker, captain; and W. G. Palmer has been placed on the committee.

Guy's Hospital Bicycle Club.

The following runs will take place as stated below:—
July 18th—Virginia Water; meet, Hyde Park Corner.
,, 22nd—Rickmansworth; ,, Marble Arch, U.H.C.A.
The above runs are the two last on the fixture card.

Water Polo.

GUY'S v. MAIDSTONE S.C.

Played at Maidstone on Wednesday, July 1st, and resulted in a win for Guy's by three to one. We were without Styer, Wood and McLachlan, and defending the deep end first the home team pressed considerably, scoring after four minutes' play, but Guy's equalised directly, through the agency of Simpson. On crossing over, we pressed the home team, and after frequent rough play, Payne scored with a fine cross shot, and Simpson adding another goal, we won as stated. Team:—

GUY'S.—H. M. S. Barker (goal); G. Marshall and F. H. Hardy (backs); J. L. Payne (half-back); G. Evans, G. D. Slater (centre) and G. Simpson (forwards).

GUY'S v. CAMBRIDGE UNIVERSITY.

Played at the Southwark Baths on Thursday, July 2nd, Guy's being without W. R. Wood and A. R. McLachlan, but scored a good win by five goals to nil. The visitors were without one of their forwards, and so it was arranged to play six aside. Guy's defended the deep end first, and at once sent in some hot shots, which however passed over the cross-bar. The Cantabs then pressed considerably, shooting well, but Barker proved equal to them and finally from a pass by Styer, Slater opened the scoring for Guy's with a shot which easily beat the 'Varsity goal-keeper. Shortly after, from a pass by Marshall, Styer added a second goal; this being the score at half-time. Changing ends, Guy's did nearly all the pressing and adding three more goals, two by Styer and one from a long shot by Marshall, ultimately won by five goals to nil. Team:—

GUY'S.—H. M. S. Barker, G. Marshall, G. D. Slater, T. L. Payne, A. Styer (captain), and G. Simpson.

Referee: C. E. Macrae.

GUY'S v. OTTER S.C.

This match was played at the St. George's Baths on Tuesday, July 7th. The result last year was a win for us by two to one, but this year for our opponents by five to nil. Guy's were without Slater and McLachlan, but even this would not account for the poor show made, particularly in the second half; and it is to be hoped that different form will be shown in the final Cup tie next week. The less said the better. At half-time the score was one to nil against us, after that Guy's went to pieces and seemingly lost their heads. Team:—

GUY'S.—H. M. E. Barker (goal); G. Marshall and C. B. Sells (backs); T. L. Payne (half-back); W. R. Wood, A. Styer (centre), and G. Simpson (forwards).

GUY'S v. LINDEN S.C.

This, the return match, was played at Southwark on Tuesday, July 14th, and resulted in a draw of two goals each. We were without Barker and Wood, but the team again made a poor show, and signs of staleness were seen, but as there are only three matches left, perhaps they will pull themselves together and finish well. Our goals were scored by Styer and McLachlan. Team:—

GUY'S.—A Sub. (goal); G. Marshall and G. D. Slater (backs); T. L. Payne (half-back); A. McLachlan, A. Styer (captain), and G. Simpsen (forwards).

GUY'S 2ND v. ANCHOR S.C.

Played at the South Norwood Baths on Thursday, July 9th, and resulted in a win for Guy's by three goals to one. In the first half, defending the shallow end, our opponents led by one goal to nil, but after changing ends we did nearly all the pressing, and Marshall scoring three goals, we won as stated. Traill and Hardy played finely at back, but the forwards were slow. Team:—

GUY'S.—Hardenberg (goal); H. Traill and F. H. Hardy (backs); G. Marshall (half-back); D. Greenfield, G. Evans (centre), and G. Simpson (forwards).

GUY'S 2ND v. LINDEN 2ND.

Played at the Southwark Baths on Tuesday, July 14th, both sides were short, and after a scrambling game Linden won by three goals to one. Hardenberg in goal showed very good form, as did Evans forward, who scored our goal.

FUTURE MATCHES.

July 17.—v. Ravensbourne S.C. at Southwark, 8.45.
" 21.—v. Nautilus S.C. at Southwark, 8.45.
" 23.—Final Cup Tie at Bath Club v. University College Hospital.
" 21.—Guy's 2nd v. Nautilus 2nd at Southwark.

Appointments.

CIVIL.

DAVIES, THOMAS B. P., M.D., M.S. Lond., has been appointed House-Surgeon to the Bulawayo Hospital.

DAWSON, W. J. OLIVER, L.D.S. Eng., has been appointed Honorary Dental Surgeon to the Hampshire Female Orphan Asylum, Southampton.

LITTLEWOOD, JOHN O., L.R.C.P. Lond., M.R.C.S. Eng., has been re-appointed Medical Officer of Health to the Blackwell Rural District Council.

MOSSOP, A. G., M.R.C.S., L.R.C.P. I., has been re-appointed Medical Officer of Health to the Newhaven Port Sanitary Authority.

MILITARY.

Surgeon-Lieutenant-Colonel HENRY J. W. BARROW, A.M.S., is promoted to be Brigade-Surgeon-Lieutenant-Colonel, *vice* W. McWalters.

Surgeon-Lieutenant-Colonel G. C. HALL, I.M.S., Superintendent, Central Prison, Allahabad, has been appointed Inspector-General of Prisons, North-Western Provinces and Oudh.

Surgeon-Captain BAMAN DAS BASU, I.M.S., has been appointed to the medical charge of the 3rd Bombay Light Infantry.

Births.

TURNER—On July 3rd, at Ely Lodge, Lismore Road, Eastbourne, the wife of Harold Turner, L.D.S. Eng., of a son.

HARRIS.—On July 1st, at Shaftesbury, the wife of W. J. Harris, M.B., F.R.C.S., of a daughter.

Marriage.

SALTER—TAYLOR.—On June 23rd, at St. Martin's Church, Scarborough, Charles Edward Salter, M.D., F.R.C.S., second son of H. J. Salter, of Elmwood, Putney, to Annie Gertrude, second daughter of the late Dr. John W. Taylor, of Rothsay House, Scarborough.

ED.—C. H. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Calendar of Coming Events.

Aug. 8.—Mr. Davies-Colley's take-in; D., W. C. Milward and W. J. Lindsay, C. R. Nicholson and H. Simson, Evan Evans and M. H. Way; Cl., P. N. Vellacott; H.S., J. R. Steinhaeuser; H.P., W. H. Jewell.
Library Closes.
Garden Fête in the Grounds of Harrod's Stores, at Barnes.
Last day for applications for post of Ophthalmic Assistant.

„ 9.—Rev. M. C. Whitelaw preaches.

„ 12.—Mr. Lucas' take-in; D., S. E. Denyer and F. E. Fremantle, J. M. Fortescue-Brickdale and C. R. Hodgson, F. S. Batchelor and B. B. Gough; Cl., T. L. Jackson; H.S., W. S. Handley; H.P., C. D. Edwards.

„ 16.—Rev. M. C. Whitelaw preaches.

„ 19.—Mr. Golding-Bird's take-in; D., E. S. Hall and S. H. Longhurst, A. J. Cleveland and F. J. Nicholls, A. T. Falwasser and A. H. M. Saward; Cl., W. C. C. Pakes; H.S. E. E. Henderson; H.P., A. Salter.

„ 22.—Gazette issued from Medical School Office.

Applications are invited for the post of Medical Ward Clerk and Extern, and should be left at the Medical School Office at once.

Guy's Hospital Gazette,

AUGUST 8, 1896.

Some Experiences in the Surgical Out-Patient Room of a Children's Hospital.

TWO CLINICAL LECTURES BY MR. ARBUTHNOT LANE.

Gentlemen,—Perhaps the thought that would present itself uppermost in your minds, after a course of study in the out-patient room of a large children's hospital, is the wisdom of the threat put forward by Moses in the Old Testament, namely, that the iniquity of the father shall be visited upon the children and upon the children's children unto the third and to the fourth generation.

In the present day one hears those words employed as if indicating solely the transmission of syphilis from the parent to the offspring, and as syphilis is usually acquired by illicit intercourse, at the festival dinners in behalf of children's hospitals they are used as a strong argument in obtaining subscriptions from those present, the speaker trading to a certain extent on the lapses of his audience from the conventional paths of sexual relationship as laid down by the custom of the day, or on their sympathy with those of others.

I cannot find that this is borne out by any evidence in the history of the Israelites. Dermatology in that time was very simple as regards nomenclature, and the term "leprosy" comprised an infinite number of diseases. As far as I can gather, it was not associated in any way with what is regarded as sexual immorality at that time or at the present date. I take it that we put quite a wrong interpretation on these words. Moses, and those allied with him, ruled their people with a wisdom that is quite unknown in the nineteenth century for the reason that, besides being politicians, they possessed and employed the best medical knowledge of their time, and to an extent which might well put us to shame.

Nothing could be wiser or clearer than the directions laid down as to circumcision, cleanliness, diet, sexual relationship, etc. Neglect to obey those regulations or laws of this paternal government, which acted to the best of its

ability, were regarded as sinful and punishable, and very rightly too. How different is our position in the present day. Unfortunately our rulers possess no knowledge whatever of medicine, and filled with their own importance, do not avail themselves sufficiently of the assistance of those who are in a position to help them. What is more important to a State than the health of the people, and what can add more to the happiness of a community than the possession by each of its members of a vigorous constitution?

What does the State do in this direction? Does it instruct the parents in the simple laws of diet and hygiene of young life? No, gentlemen, it would regard it a horribly indelicate thing to teach young women how often a child should be nursed, how it should be fed by artificial means, supposing the mother is unable to suckle the child at all, or is only able to provide a proportion of its nourishment. Does it explain the importance of attending to a child's prepuce? Does it consider the hygiene of the nursery? Does it teach them facts of vital importance in their physiology, especially as regards maternity, the limitation of the number of their offspring within such proportions as are justified by their financial position, and a hundred other things that women ought to know? No, the State does none of these things; it would consider it indecent to do so. Yet it will spend any amount of time in considering what particular creed, or blends of creeds, should be instilled into the minds of the youthful members of the community, with a consideration for their future rather than for their immediate happiness. Mind, I do not find fault with this, but with the want of consideration for the present comfort and well-being of our race.

Moses, our great example of all that is wise and good in a lawgiver and ruler of the people, did not act in this way. He regarded his injunctions as religious observances and as bearing the divine seal and sanction. In his time the father of the family sinned if he did not enforce the clearly-defined instructions of this remarkable lawgiver. Now the State has taken the parent's place and his responsibilities in that it has not provided the people with such information as it should have done, and in so doing, it, by its acts of omission, sins grievously against the community. If Moses lived under present circumstances, he would say that the iniquity of the State shall be visited on the children or the children's children unto the third and fourth generation, and the truth of this statement is undeniable. Syphilis—that red-herring of the present-day moralist—produces an effect which is proportionately so small, in my experience, as hardly to deserve consideration, but the misery and distress and unhappiness experienced by parents from the ill-health, disease, and enormously high mortality of their offspring, the terrible physical and financial depreciation of the individual, and the expenditure necessitated by the support and treatment of so many feeble and diseased subjects in infirmaries, hospitals, convalescent homes, and a number of other almost unnecessary institutions, the possession of a population a large proportion of which is physically feeble and mentally inert, all result from the apathy, ignorance of, and wilful neglect of their duties by our governing bodies. When we ask for money for the treatment of children's diseases, let us remember that practically the only argument in favour of the existence of a children's hospital is the utter unfitness of those who control the affairs of the nation to insure a maximum of happiness to individuals and of benefit to the State. How unfavourably do we compare with the Israelites of old, and how simple, yet how exceedingly important, are the lessons we can learn from them.

Gentlemen, I would ask your pardon for digressing somewhat from the subject-matter of my lecture, but I feel sure you will share to a certain extent my dislike to the cant and hypocrisy of the present day, and will join with me in trying to fathom the cause of the physical and mental distress by which we as medical men are constantly surrounded, and which have such a strong claim upon our sympathy and assistance.

Let us now turn to the cases that we may see in any chance visit to the out-patient department of a children's hospital.

There enters first a pale worn-out woman, who tells you she is only twenty-two and looks at least ten years older. She brings you her infant, æt. 4 months. Since it was a fortnight old it has attended the medical out-patient room, suffering from flatulence and chronic constipation, varied by sharp attacks of diarrhœa, eczema and chronic bronchitis. She says that she and her husband are quite worn out by the constant crying of the child. In desperation she occasionally yielded to the temptation and administered alcohol not only to herself but to her child. Nothing did this child more good. As an umbilical hernia has developed it is no longer regarded as medical, but has become surgical. The poor infant looks wasted and

white; and as it commences to scream on your proceeding to examine it, the mother shoves into its mouth a rubber teat which is connected by a tube with a glass bottle, informing you at the same time that it is a very ravenous child and is never satisfied. The chest is small above, but below it is expanded by an enormously distended abdomen, which, when the child cries, bulges laterally and also along the middle line between the widely-separated recti muscles. In the position of the umbilicus is a thimble-shaped protrusion whose size varies with the expulsive efforts of the child. The limbs are thin except about the joints, where the epiphysial lines are abnormally prominent, and some of the long bones are bent. The head is large, the forehead prominent, and the area of the fontanelles disproportionally great.

You ask the mother what is in the glass bottle, and she tells you that it is a mixture of condensed milk and water, and that she uses condensed milk in preference to cow's milk as the latter readily becomes sour. She adds that she does not allow the child to depend on that alone, as she found it did not satisfy it, but that she gives it one of the many foods which are freely advertised with the sanction of the State, in the lay and medical papers, as being good for young infants, and if she is not in sufficiently affluent circumstances to buy such expensive articles of diet she feeds it on Robb's biscuits, rusks, or even boiled bread. She says she was never able to suckle this child, and attributes it to the fact that her strength had been undermined by three preceding pregnancies which followed one another in rapid succession. You inquire about these children, and you hear that two died of consumptive bowels a few months after birth, and the first was born dead after a tedious labour in which she was attended by a midwife of sorts.

Why should all this distress have been inflicted so unnecessarily and so cruelly on this little family, and who is responsible for it? These people are the victims of circumstances over which they have no control, and the State is alone at fault. The woman has certainly not neglected her child, but has attended to its every want with the self-sacrifice and unselfishness of a mother, which is, I think, one of the most admirable and wonderful qualities of nature. She has had to depend for her education in the diet and hygiene of her child upon information supplied by equally ignorant friends or relatives, and the very limited accommodation of her home renders it necessary that some means should be found to control the capacity of producing discomfort, which is possessed by an infant in a degree inversely proportionate to its age, with the disastrous results I have already related. Looking at the child you at once grasp the whole situation, and are able to consider the causation of the condition.

The infant starts at its birth handicapped by an enfeebled vitality. What else could you expect from a young mother who has gone through the experiences this one has during her short married life. They are enough to break the spirit and undermine the health of the most robust. Not being able to supply the child with breast milk, she has had recourse to substitutes, with the awful results I have described to you. The frequent feeding produces a condition of discomfort, which is only relieved by the further introduction of food into the stomach. This produces constipation of such a nature that the child is poisoned by its own excretions. This monotony is relieved by the diarrhœa which results from irritating foods or fæcal decomposition. The indigestion is associated with the production of much gas, which distends the abdomen, and is popularly described as "wind." The great increase of the intra-abdominal tension, brought about by its presence, interferes with the normal function of the abdominal wall in violent expulsive efforts as in coughing, so that mucus readily collects in the bronchial tubes, and the child suffers more or less severely from bronchitis. Again, this tension interferes with the action of the diaphragm, so that the supply of oxygen obtained is insufficient to keep the child vigorous and active in consequence it readily falls a victim to any such depressing influence as chill, organisms easily obtaining a foothold in its tissues.

Besides over-distending, stretching and damaging the muscular wall, the tension results in a yielding of the weakest parts. At this age the umbilicus is the most yielding; it gives way and an umbilical hernia is produced. Associated with this enteric disturbance there exists in the peritoneal cavity a quantity of serous effusion. This may be present in sufficient quantity to give a distinct thrill on the abdomen being tapped with the fingers, or better still, by a lead-pencil held lightly in the hand. This fluid being exposed to the same tension is in infancy driven through the more or less previous processus vaginalis, or into the canal of Nuck, so as to form the hydrocele of infancy with which we are so familiar; and bowel may also be driven along the same canal, or may be forced into an acquired hernial sac.

Both these conditions you see remarkably well illustrated in the lad two years old who follows the last patient. He has bowel and fluid in the left tunica vaginalis, while on the right side the tunica vaginalis and much of the processus vaginalis are distended with fluid. The communication with the abdominial cavity is very small, and considerable and prolonged pressure on the hydrocele is requisite to influence its size. The mother tells us that when he awakes in the morning it is very small indeed, and that it increases in size after he has stood for some time. On percussing the lower part of the abdomen with the handle of a pen while he is in the erect posture a very distinct thrill is felt by the hand placed on its wall.

Returning to the infant, we know that the bones have yielded because they are abnormally soft, a sufficient quantity of lime salts, etc., not being obtainable because of the condition of disordered digestion. Nature makes every effort to meet, as far as possible, this unsatisfactory state of affairs, and a quantity of imperfectly-developed bone is deposited upon the original skeleton. This is most abundant where its presence is most urgently demanded, namely, upon the surface of the vault of the skull, in order to secure intact from injury the brain, the most important organ in the body to the life of the individual. On the back of this skull you find the bone less resistent than elsewhere; in fact, it yields to the pressure of the finger. This results from an absence of deposit of new bone upon the skull in consequence of the pressure exerted on the head by the pillow, which in some cases is sufficient to produce an absorption or thinning of the normal skull, because of its imperfect nutrition. The hurry to do its best to maintain the normal mechanical relationship of the individual to its surroundings is also very well illustrated by the rapid and abundant formation of imperfect bone at the epiphysial lines, so producing the lumps in this position which are spoken of as beading. These are most conspicuous at the wrists, ankles, and costo-chondral junctions.

Now, it is quite apparent to anyone that because the parents of the two children we have considered have not been taught how to feed their children, they have brought upon them, and upon themselves, an immense amount of misery and distress. One feels inclined to blame them, but very little consideration at once shows us the utter injustice of such action, and that they are all the victims of a vicious system of government.

(*To be continued*).

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Philip	19. Aortic, mitral and tricuspid disease.
Mary	7, 44. Mitral regurgitation.
	13, 14, 15. Mitral stenosis and regurgitation. Tricuspid regurgitation.
	23. Aortic and mitral regurgitation.
Stephen	32. Mitral stenosis and regurgitation. Pericarditis.

Nervous System.

Philip	4. Compression paraplegia.
	9, 11. ?
	10. Right hemiplegia, left brachioplegia.
	12. Locomotor ataxy.
	16. Paresis of legs. ? Cause.
	27. Cerebral syphilis.
	34. Syringo-myelia.
Mary	6, 50. Functional paraplegia.
	10. Peripheral neuritis.
	11. Chorea.
	34. Clonic tremors of face and trunk.

Alimentary System and Abdomen.

Philip	2. Simple colitis.
	3, 20. Gastric ulcer. Hæmatemesis.
	13. Enlarged liver and spleen. Jaundice. ? Cirrhosis.
	15. ? Addison's disease.
	17, 24. Typhoid.
	28. Hæmatemesis.
	32. Stricture of œsophagus.
	37. Ascites. Cirrhosis.
Stephen	7, 33. Typhoid.
	8. Abdominal tumour. ? Hæmatoma.
Mary	1. Cholera nostras.
	4. Chronic peritonitis. ? Growth.
	8. ? Appendicitis.
	21. Gastric ulcer. Hæmatemesis.
	24. Typhoid.
	32. Carcinoma of stomach.

Respiratory System.

Philip	14, 21, 23, 33. Phthisis.
	30. Bronchitis.
	35. ? Pneumonia.
	36. Bronchitis and œdema. ? Cardiac
Stephen	3, 37. Empyæma.
	12. Bronchitis and emphysema
	19, 26, 34. Phthisis.
Mary	3. Phthisis.
	26. Pneumonia.

Mary 29. Bronchitis and stomatitis.
41, 47. Pleurisy.
Cot 55. Bronchitis and broncho-pneumonia.

Genito-Urinary System.

Philip 7, 25, 40, 43, 46. Acute nephritis.
Mary 5. Subacute nephritis.
31. Albuminuria and œdema.
Stephen 2. Tubal nephritis.

Miscellaneous.

Philip 18. Osteo-arthritis.
31. Plumbism.
38, 39. Left sciatica.
Mary 7, 8, 12, 20. Acute rheumatism.
11. Exophthalmic goitre.
16, 22. Osteo-arthritis.
18. Purpura.
28. Erythema nodosum.
33, 49. Acute rheumatism. Pleurisy.
39. Acute rheumatism. Graves' disease.
48. Arthritis. ? Rheumatism.
Stephen 31. Bronchitis. Congenital heart disease. Gout.

In the Surgical Wards.

Cases under Mr. Howse.

Accident 2. Crushed hand and forearm. Amputation through arm.
6, 26. Fractured tibia and fibula.
13. Hæmorrhage into spine. Paraplegia.
15. Compound dislocation outwards of ankle.
29. Fractured ribs. Surgical emphysema. Bronchitis.
30. Concussion. Ear nearly torn off.
Naaman 2. Strangulated congenital inguinal hernia.
4. Recurrent round-celled sarcoma in stump after amputation of arm. Removal of whole of upper extremity.
12, 13. Stricture. Retention.
15. Ulceration of palate. ? Syphilitic. Ulceration of legs. ? Syphilitic. ? Epithelioma.
16. Epithelioma linguæ.
Charity 6. Acquired torticollis.
7, 12. Concussion.
8. Pott's fracture.
16. Cut median nerve.
Cot. Compound fracture of jaw.
Cot. Nævus at root of nose.
Cot. Strangulated inguinal hernia.

Cases under Mr. Davies-Colley.

Cornelius 8. Fractured surgical neck of humerus.
18. Fractured external malleolus.
Lydia 5. Recurrent rectal carcinoma.
6. Encysted hydrocele of canal of Nuck.
Luke 4. Exostosis of tibia.
5. Malignant growth in neck.
9. Stricture. Perineal fistula.

Cases under Mr. Lucas.

Job 1. Genu varum. Osteotomy.
3. Hip-joint disease.
22. Old injury to knee. Ruptured anterior crucial ligament. Damage to internal semilunar cartilage. Previous removal of cartilage. Undue mobility in joint.
Lydia 13. Tuberculous knee-joint. ? Erasion.
16. Acquired talipes equinus. (Infantile paralysis.)

Cases under Mr. Golding-Bird (Mr. Dunn).

Martha 11. Suppurating bursa patellæ.
20. Fractured femur. Fractured tibia and fibula.
Lazarus 2. Necrosis of ilium.
4. Osteitis of great trochanter.
5, 11. Varicocele.
7. Caries of metatarsus.
14. Stricture. Perineal abscess.
19. Branchial cyst in neck.
20. Cleft palate.

Cases under Mr. Lane.

Job 13. Main en griffe.
14. Appendicitis.
15. Mitral stenosis. Pleuritic effusion into right chest. Eighty ounces aspirated.

A Case of Suppurative Peritonitis.

A. M., æt. 6. Admitted into Miriam, under Dr. Perry, July 21st, suffering from urgent dyspnœa and pyrexia.

Present illness.—Began two days before with excessive diarrhœa and pain in abdomen. Next morning was better and went to school, but soon returned, as she had severe headache. In the evening pain in abdomen returned, and she vomited after taking some milk. Later she became delirious and her breathing so much distressed that she was brought up to Hospital at 1.30 a.m., and admitted.

On admission.—Patient is blue and respirations very rapid, viz., 80; temperature 105°; pulse 176. Oxygen was administered directly she got into the ward, with much benefit. Brandy mxx. 2dis horis; Pulv. Doveri gr. iii. statim. In the morning patient seemed much better, and complained only of slight pain about the umbilicus. Her eyes are rather sunken, with dark rings round them.

Alimentary system.—Breath very fœtid. *Tongue* dry and covered with a creamy fur. *Bowels* not opened since admission, but she has continual tenesmus. *Abdomen* slightly full in appearance; scarcely moves at all in respiration. It is very rigid all over and extremely tender. No splenic dulness.

Respiratory system.—Chest moves well on respiration; T.V.F. normal; slight impairment of note at right base where the air entry is deficient, and a few râles are heard.

Circulatory system.—Normal. *Urine.*—None obtainable.

A glycerine suppository was administered, and a copious motion resulted after which the tenesmus was relieved for some time. The motion was yellow ochre in colour, with some undigested milk in it. During afternoon patient became very restless and delirious, vomiting up everything that was given her. Haust. chloral infantum ʒj. was given in the evening without effect. She has intense thirst.

July 22nd. Patient had a very bad night, did not sleep at all, and was continually trying to get out of bed. During the morning she remained in the same condition; abdomen still rigid with pain at umbilicus; bowels have not been opened since yesterday and there is tenesmus. Another glycerine suppository failed to produce any effect. About 3.30 p.m. patient suddenly became worse. Brandy ɱxv. was given subcutaneously, and shortly after strychnine ɱv., but patient died at 3.50 p.m.

No diagnosis was made during life, and at the autopsy, the condition was found to be one of suppurative peritonitis, originating in a breaking-down of a mesenteric gland. Cultivations are being made.

F. G. T.

A Case of Fatal Puerperal Eclampsia.

Mrs. M., æt. 22, came early in May to engage me for her confinement—the first—early in June or at the end of May. She had enjoyed good health during her pregnancy, and at this time seemed to be well, although she looked rather white and puffy.

About the third week in May she complained to a friend that her legs were swollen. She was assured, however, that under the circumstances this was a common and not a serious condition, and she seems to have thought nothing more of it. On May 26th she was seen at 10 p.m. in her usual health. On May 27th, owing to a strange sound which was heard in her room about midday, the room was entered, and she was found to be convulsed. Her husband was absent from home, and there was no means of knowing at what time the attack had commenced. I saw her about an hour later, and found her in a convulsion and very cyanosed. The fit was said to be the third within half an hour. Chloroform was given, and the breathing became quieter. Vaginal examination showed no sign of commencing labour, and the child was evidently living. The membranes were punctured, and the os gradually dilated with two fingers. Labour proceeded, and so soon as the size of the os would allow, forceps were applied, and delivery gradually accomplished. The child was born alive about four and a half hours after the puncturing of the membranes.

During the progress of labour, chloroform was continuously administered, for although the patient continued unconscious, if the administration of chloroform was slightly relaxed, convulsions at once returned.

After delivery, the uterus at first contracted firmly (with the aid of friction) upon the placenta. But having unfortunately committed the charge of the uterus to the (very unskilled) nurse in order to give a hypodermic injection of ergotin, when the placenta should have come away, there followed a sudden and profuse hæmorrhage. I have always believed (and still do believe) that *nearly* all cases of post-partum hæmorrhage exist only in the imagination of excited doctors. This hæmorrhage was, however, well worthy of the term "flood." One hand passed into the uterus with compression from without by the other, nevertheless, stopped it completely. The placenta, which was still in the uterus, was removed. The uterus contracted vigorously and gave no more trouble. Chloroform was now discontinued. During the next two hours there were several more convulsions. They were rather less violent than before, but the patient showed no sign of any return of consciousness. Accordingly, the temperature being at this time 102°, and the skin very dry, a large hypodermic injection of pilocarpin (nearly three-quarters of a grain) was given. Perspiration began in about twenty minutes, and before long the patient was sweating profusely, and saliva was pouring from the mouth abundantly. This state of things continued throughout the night. Meanwhile, the convulsions, which after delivery had been less severe and less frequent, gradually increased in strength and frequency. In the morning, a specimen of urine was obtained by catheter, and found to be loaded with albumin. The temperature was 107·8°, though the perspiration was still abundant, and the pulse was evidently failing. Rectal injections of chloral and brandy were given every two hours.

The patient died in the afternoon, about twenty-four hours after delivery.

Notes.

There seem to be two or three points of interest about this case.

1. The occurrence of very severe eclampsia coming on before labour, and proceeding to a fatal termination without the least intermission of eclamptic symptoms, preceded by little (if any) indication of previous ill-health. Probably, as she was a puffy-looking woman, she was albuminuric before she came to me, but the final onset was remarkable in its suddenness and severity.

2. The good effect of chloroform, and the futility of any other measures. The chloroform certainly held the convulsions at bay, and kept the breathing good. Its action, however, was limited to the time during which the patient was well under the influence of the anæsthetic. Bleeding has been recommended as a remedial proceeding, but in this instance, a sudden loss of blood sufficient to swamp the patient's bed, or both sides of her body up to the shoulders, did little, or more likely did nothing, toward checking convulsions. The slight improvement

noticed after delivery may as plausibly be attributed to the removal of the uterine contents as to the removal of blood. Pilocarpin has some evidence in its favour, but although I gave a big enough dose to produce a soaking perspiration and a salivation which saturated two or three towels in as many hours, I was unable to satisfy myself of any other effect whatever. At the same time it is worth noticing that this quantity, given to a profoundly unconscious patient, appeared to produce no ill effect. The pupils were small before, but there was no marked increase in their contraction, and I could not be sure of any action on the pulse.

3. The occurrence of post-partum hæmorrhage is said to be not infrequent in cases of eclampsia. In this instance, it would probably not have happened had I not committed the charge of the uterus to incompetent hands. It was produced by uterine relaxation, and was readily checked, nor did there seem to be any subsequent tendency to recurrence. It cannot, I think, be attributed to chloroform.

4. The high temperature was interesting. Similar temperatures have been observed in uræmic cases, apart from pregnancy.

Were I to have this case over again, I should be disposed to discard any kind of drug-treatment with the exception of chloroform, the administration of which ought perhaps to have been maintained (with, of course, a sharp look-out for signs of hæmorrhage) for the next twenty-four hours. I cannot think, however, that any treatment would have modified the result in this particular case.

I am surprised, by the way, to find subcutaneous injections of morphia recommended as appropriate treatment. Surely in any other uræmic case such a practice would be condemned; and if so, why not in puerperal eclampsia?

R. J. RYLE.

Pass List.

Second Conjoint Examination, July, 1896.

Under the Four Years' Regulations.

ANATOMY AND PHYSIOLOGY.

Bridger, J. D. Dunston, J. T.

PHYSIOLOGY ONLY.

Cogan, L. D. B. Morgan, T.

Under Regulations dated 1st January, 1892.

ANATOMY AND PHYSIOLOGY.

Atkins, J. Lower, C. A.
Brangwin, C. H. Secretan, W. B.
Denny, H. R. H. Shenton, E. W. H.
Graves, D. S. Stewart, W. G.
Hewlett, C. J. Tongue, E. J.
Wright, T. J.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Beware of Imitations.

SIR,—If "imitation is the sincerest flattery," the designer of the Guy's "special appeal" poster must don his stoutest armour to protect him against its seductive wiles. Passing Charing Cross Hospital a few days ago, I was surprised at seeing what I thought to be two of our posters on the walls. Struck with the magnanimity of the authorities of that institution in exhibiting them for us, I crossed the road for a closer inspection, when the mystery was explained. The "powers that be" at Agar Street have had posters done by the same printers, which in size, type, colours and general arrangement are practically indistinguishable from our own at a few yards' distance!—I am, sir, your obedient servant,

AN OLD GUY'S MAN.

Aquatics.

DEAR SIR,—I saw recently in a paper the heading "Inter-hospital Four-oared Races," and following it an account of a race between crews from St. George's, London, and Middlesex hospitals. If this is supposed to be an inter-hospital event why is no notice of it given in the GAZETTE, and an opportunity given to Guy's men of competing? I feel sure it must be due not to any fault of the GAZETTE, but to some omission on the part of the Clubs' Union or of the gentlemen who got up these races to send the information, and one would like to know who are the committee or persons who have been arranging the event.—Yours truly,

AQUATICUS.

The Army Medical Service.

SIR,—Under the above heading an article appeared in the GUY'S HOSPITAL GAZETTE of June 20th, 1896, and I think a little wholesome criticism would not be amiss, as it appears to me to convey to the mind of the recently qualified or embryo surgeon that everything at the present day in the Army Medical Staff is *couleur de rose*. What a breadth of meaning is conveyed in the first lines, "The medical service of Her Majesty's army is so little thought of now in the English schools as offering a suitable and satisfactory career!" These words, to my mind, sum up the whole question of the A.M.S. under the existing régime, in the most masterly manner. These opening words of the article are the deliberate opinion of quite 80 per cent. of the officers at present serving in the A.M.S. The A.M.S. requires levelling up to the present day. It is distinctly behind the times. It is seething with discontent; and it is just owing to this

very fact, that it does not offer "a suitable and satisfactory career," that the men of the English schools do not come forward.

The civil community must at once disabuse their mind of the fact that an army surgeon's duties begin and end with treating the sick. He is a soldier, and a doctor as well, and as much a specialist as the man who decides to take up the eye, the ear, anæsthetics, or any other of the special branches of our noble profession. And this latter remark, when I hear it, often makes me ask myself, Is it a noble profession? Yes it is without doubt; but how is it honoured both in the service, and in civil life? In civil life, where is the medical peer? On the other hand, the only rank a soldier understands is army rank pure and simple, and it is the only rank that gives any position in the army. While this rank has been freely given to all the other non-combatant corps, and their position thereby greatly raised, it has been denied to the soldier doctor. Why? Because you belong to a noble profession. "Honour to whom honour is due"; therefore, why not honour your noble profession? Until recently the officers of the A.M.S. have been left out of all court functions; they have been black-balled at the service clubs. And why? Because they are doctors. But I thought you said just now I belonged to a noble profession; surely then I am fit to belong to your clubs, and to be received at court. Then I ask myself again, Is it a noble profession in the eyes of the service? I come to the conclusion it is a noble profession when you want an excuse for not honouring it by conceding rank, and it is not a noble profession when you don't want me in your clubs, etc. The army doctor has to drill (at his particular drill) large bodies of men, to command bearer companies on active service, and at peace manœuvres, to be responsible for the military discipline of large numbers of men in hospitals, to exercise command and military law over his men of the Medical Staff Corps, to share the dangers of the battlefield, plus the dangers of the sick bed and the cholera camp, etc.; yet he is denied the rank which is given to the army schoolmaster and to other non-combatant officers who never go to the front, but put in all their time at the base.

Again, the other scientific corps, the Engineers and Artillery, are given the title of royal, yet the absolutely most scientific of the lot is denied it. Truly a noble profession!!—from an army-surgeon's point of view. I suppose it is the fact of the great and grand nobility of our profession that has carried us along for such a time.

Again, you say "the rate of pay and pensions has also been recently improved." This is glad tidings to us; I should like to see your copy of the "Medical Directory"; I must run down to Guy's one day and look "in the Library," and failing that, seek "*elsewhere*." "Elsewhere" is a large land, still I must take your word sirs for the increase of pay; I will tell you quite confidentially I haven't received any yet. The real facts are that a few years ago, a man joined as a Surgeon-Captain and got £200 per annum and the allowances of a Captain on the Staff, equivalent to another £88 a year. Now he joins as a Surgeon-Lieutenant and gets £200 a year and a Lieutenant's allowances equal to £68 a year.

"In foreign service too the Englishman is in his element." Do you, Mr. Editor, know anything about foreign service? I sadly fear nothing. The majority of the A.M.S. on foreign service are in India, and all the junior men who enter now will in a couple of years find themselves in their "element," in other words India, and this is the picture. Owing to the depreciation of the value of the rupee, he receives less pay than in England. The charge perhaps of a large hospital very soon after getting there, with the responsibility attaching to the care of hundreds of pounds of property, and no "command-pay" for it, pay which is given to every captain or officer commanding a company of his regiment. He finds himself in India in the A.M.S. about the worst paid officer serving there.

The service is under officered, with the result that leave to England and the hills is hard to obtain, and often impossible, and he must swelter in the plains during the hot weather; Sundays too is no off day for the doctor, as it is for other troops; no Queen's birthday is a day of rest for him. The joys of the cholera camp too, when you are often under canvas in the rainy season, and sometimes up to your knees in water, can be thrown in as a bit of make-weight. The Englishman, NO DOUBT, finds "duty in representing an outpost," and often but little "pleasure."

No, sir, until the just grievances of the A.M.S. are remedied, which we hope is shortly to come about, there seems no likelihood of the service attracting suitable men; in fact, at present it attracts but few of the unsuitable.

I have refrained from writing this answer earlier, as I did not wish to detract men from competing for the service at the next examination, if they so desired.—I am sir, your obedient servant,

A MEMBER OF THE NOBLE PROFESSION.

P.S.—Your scale of marks too is wrong. I append a copy of Army Order 80, issued April, 1896, giving the correct scale.

REGULATIONS FOR ADMISSION TO THE ARMY MEDICAL STAFF.

Subjects for the Entrance Examination.

1. The following will be substituted for the scale of marks laid down on pages 5 and 6 of the Regulations for Admission to the Army Medical Staff, issued with Army Order 89 of 1895:—

Compulsory Subjects.

	Marks.
(*a.*) Surgery	1,200
(*b.*) Medicine, including therapeutics, and diseases of women and children ...	1,200
(*c.*) Anatomy and physiology	600
(*d.*) Chemistry and pharmacy, and a practical knowledge of drugs ...	600

Voluntary Subjects.

Modern languages—	Marks.
French	200
German	200

Natural sciences.—A candidate may not present himself for examination in more than two of the following subjects:—

	Marks.
(*a.*) Physics	300
(*b.*) Zoology	300
(*c.*) Geology and physical geography ...	300
(*d.*) Botany	300

2. Lines 17 to 19 on page 6 commencing "The natural sciences" and ending "materia medica" will be omitted.

3. These alterations will come into force at the examination to be held in August, 1896.

The Hospital "Blue."

Dear Sir,—It seems to me, and I think the same idea has occurred to many other men at the Hospital, that it is quite time something was done to place the Hospital Blue system on a more satisfactory basis. May I classify some thoughts that have struck me on the subject under three headings? Viz.—

1. The Blue itself.
2. The Blues committee.
3. The most recent proceedings of that committee.

1. As regards the Blue itself, the general opinion is, I believe, that the cap and blazer are quite satisfactory. These, however, can obviously for the most part only be worn on the field. What then is a man who has gained his Blue to do if he wishes to wear his Hospital's colours in places other than fields of sport? Must he have recourse to the hat-band and tie worn by every ordinary mortal about the Hospital? Perhaps the answer will be made, "Let him wear his scarf." But is that a mark of distinction? I think all will agree that the "blue" scarf is of precisely the same design as the majority of the miscellaneous collections of variegated ornaments at present sported as "Guy's colours." I think the remedy is obvious: either do away with the present scarf, and create a fresh hat-band, tie and sash to correspond to the cap and blazer, or keep the sash and stop Lewin from selling to any but "Blues" the ties and hat-bands that correspond to it.

2. The Blues committee. It will be seen by reference to the Clubs' Union Blue Book, in which the rules for the Hospital Blue are set forth, that apparently there is no secretary to the committee. In reality, I believe, there has been a secretary appointed by the committee itself. But would it not be infinitely better for one to be publicly elected annually or biennially, whose duty it should be to call the half-yearly meetings, thus obviating the confusion of having a different man, who perhaps knows little or nothing about the regulations of the Blue, calling each committee meeting? Then again, no mention is made in the rules as to the number of members of the committee requisite for a quorum. This is obviously important, since it is from this committee that any recommendation for admission to, or exclusion from, "Blue" privileges has to come.

3. It is, sir, chiefly because of the latest doings of the Blue committee (so called) that I am troubling you with this somewhat lengthy epistle. On a recent date a list was posted in the Club smoking-room, purporting to set forth the names of the most recent gainers of the "Hospital Blue." The names were placed under four headings, viz., Cricket, Association Football, Rugby Football, and wonderful to relate—Water Polo. The first thing that puzzled me was this: Why should the Football Blues appear on the list at all, since, if the rules were followed, those Blues were awarded in March, and should have been published at once (*vide* rule 6); and secondly, where were the Athletic and Tennis Blues? Now, sir, I happen to be on the Athletic committee, and, moreover, was one of those chosen to represent that Club on the Blues committee (rule 3). There was no notice of the committee meeting posted, nor was the Athletic Club informed in any way as to the time and place of the same. This seemed to me a piece of gross carelessness on the part of the caller of the meeting. I then made further inquiries, and have learnt that at the said meeting, *three* members out of a possible ten were present. These three took upon themselves to award the Water Polo Club four Blues. Not that they do not deserve them; I certainly think they do. But should not such a question be settled by the full committee? I expect the Water Polo Club will hardly feel honoured when they learn that their fate was settled by three individuals, and not by the general consent of the Hospital Clubs. Moreover, no Blue was awarded to a certain member of the Association team whose name was certainly submitted, and who fully deserved it after two seasons' regular play. I certainly feel that a fresh meeting should be called, and would like your opinion, sir, on the subject. Apologising for the extreme length of this letter, and for any mistakes I may unwittingly have made and for which I shall be most happy to be brought to book and corrected,—I am, yours, etc., φεν.

P.S.—Since writing the above, the aforementioned list has disappeared from the notice-board. Are the perpetrators of the same ashamed of it?

Dear Sir,—There are a few questions which, if answered by the secretary of the "Blues" committee, would extremely oblige the writer.

Firstly. How is it that this year no athletic "Blues" have been awarded? I say not awarded, but they were not even discussed on committee, although the representatives from the Athletic Club were duly elected and only awaited the summons of the secretary.

Secondly. That no notice was given of the meeting, which, as I hear, consisted of three members. This is

hardly a representative quorum from a committee which should consist of at least twelve.

Thirdly. That at least two, if not three rules of the "Blues" committee have been broken. I think it only right that the Athletic Club should demand and be granted another meeting. Hoping this was an unintentional slight—though I fail to see how it could be—placed on one of the most important constituent clubs of the Union which are eligible for their "Blue," I have no doubt this will be righted shortly.

FAIR PLAY.

Guy's Hospital Clubs' Union Book, 1896.

The above little book has been handed to us and is to be obtained by all members of the Clubs' Union on application at the Office of the Medical School or at the Library. We notice with pleasure several improvements in its arrangement. In the first place it is now possible to find one's way with tolerable ease amongst the maze of constituent institutions, the list of which at the beginning of the book is paged. But we still fail to see why they should not be arranged in some kind of order; why for instance our own page should be sandwiched in between those of the Lawn Tennis and Cricket Clubs instead of coming after the entry of the Physical Society who are our proprietors. Most of the sporting clubs again come at the beginning, but the Rifle Association has with shame to take a lower room and the Swimming Club comes last of all, following on the heels of the Debating and Dental Societies. These should be rearranged and the list on page 7 might with advantage be converted into a table of contents made to include the other parts of the book as well, for a formal list of constituent institutions is not required in addition to Rule 1 of the Clubs' Union, printed on page 20.

There is a considerable amount of athletic information given with the rules of the respective clubs. One alteration should have been made in the table of Inter-hospital athletic records, Bell's performance in the 220 yards having been beaten this year by H. C. Woodyatt of University in 22½ seconds. We should rather like to see this feature of the volume extended by a list of the teams representing the Hospital in the last season; and by a list of past and present Blues. This year's issue contains, in addition to the matter printed last year concerning each club, the rules for the shooting competition (p. 63) and three pages devoted to the Swimming Club; while on page 38 the revised arrangements are given for booking lawn-tennis courts; and on page 48 we are informed still that there are two fives-courts in the Hospital grounds!

Other alterations are the revised rules of the Debating Society, our own page which has been re-written (page 34), the suppression of the Exhibits Committee of the Physical Society, and the natural change of officers on all the committees. Thus Dr. Bryant has taken Dr. Campbell's place as Honorary Secretary to the Physical Society, Mr. Badcock is now President of the Dental Society, and Dr. Brailey has succeeded Dr. Pye-Smith as President of the Clubs' Union itself. In passing, however, we should like to ask why it is that no announcement is made, as was made last year, of the paper to be read and the dinner to be held on the opening night of the winter session.

The Clubs' Union is now firmly on its legs. Its first lustre of life has been completed, and we that live under its shadow are hardly able to appreciate the immense advantages which it has secured for Guy's students and the encouragement it has given to sport and to social life in the Hospital. Thanks to the untiring services of several members of the staff, its complicated organisation works without a hitch and its prosperity is well assured. The list of life-members has swollen by six pages, and now reaches the formidable number of 1,381 in addition to the 275 subscribing members, giving a total of 1,656. In this connection we might suggest as an improvement of interest to members of the Union that an obituary list should be given in next year's volume. During the past year the following old Guy's men, members of the Clubs' Union, have died:—Sir Thomas Longmore; W. Greene of Wallingford; H. Lane of Bath; W. R. Grove, senior, of St. Ives; and C. Gayhard of Jamaica.

Finally as to the make-up of the book, we must refer to the question of advertisements. These are a hideous deformity in any book. They are bad enough even in France, where advertisements are occasionally found to please the artistic sense with a few ornamental touches as a "placebo," but in our own country they are still worse, where filthy lucre is engraved on every line of them. But unfortunately (from a theoretical point of view) they bring in money, and it is for the Clubs' Union to decide whether they will themselves pay for the printing of this little book or allow sundry pill-makers and instrument-sellers to relieve them of the burden at the expense of their æsthetic feelings. Naturally enough "in this so-called nineteenth century" the Clubs' Union prefer the latter alternative. In this case it must be remarked that the advertisements have been well and carefully arranged; and that they contain in a handy form much that will be of value. Thus a priced catalogue is given on one page of the ordinary books required for the medical course; on another a similar list of instruments; on a third the terms of the Nurses' Institution.

In fact throughout the volume evidence is given of the care with which it is prepard, and the whole reflects very great credit on the Medical School Office where it was elaborated. The only other question that may be asked is whether it would not be worth while to enlarge the size of the page, bringing it up to a level with the Green Book and prospectus of the Dental School. In official circles especially it might be required to bind these publications together, and this would be at present impossible.

An Examination for the "M.D." Brussels.

After a rough passage from Dover to Ostend I arrived in a somewhat exhausted condition at the "pension" where I had arranged to stay during the examination at Brussels. Two friends greeted me with serious faces and proceeded to inform me that the latest researches on the spot showed this bugbear of examination to be much greater than they had anticipated from the prognostications of our coach in London. It was the M.D. Lond., F.R.C.S., M.R.C.P. and L.S.A. all rolled into one! This certainly was rather terrifying news for a general practitioner. However, there I was, and I had no intention of retiring from the field without a struggle.

Next morning I was up at half-past six, and by eight o'clock was going round the medical wards at St. Pierre's Hospital listening to the harangues of the terrible Doctor Rommelaere. For the nonce we became the great professor's pupils. The time-honoured *inspection*, *palpation*, *percussion* and *auscultation* were gone through by us amidst the roars and expletives of the master. "Ah, what you hear there?" The mild voice of an ex-house-surgeon answered "crepitations." The ward almost shook with the master's indignant denunciations. "Crepitations! Crepitations, indeed! You ought to be ashamed of yourself. It is a friction sound, quite typical; pericardial, quite typical. Here, tell him, one of you. You, Mees." A lady doctor promptly placed her head on the patient's chest and tremulously announced "pericarditis," whereat the ex-house-surgeon inwardly swore. This was not encouraging certainly, but a little later a man from Brixton and I managed to please the irate professor by the way we percussed, and were immediately pointed out as "two who can percuss!"

When we left the "clinic" most of us met again at a coach's. This gentleman proceeded to run through the various subjects of the examination. His method was entirely original and distinctly amusing. He had studied the examinations for some time and he explained to us the kinds of questions asked, the way they were asked and how they were to be answered. He put us up to the individual peculiarities and methods of each examiner. He warned us never to ask if a female patient were married—a dire offence at Brussels. He told us not to give syphilis as a cause of disease—a common mistake of English candidates, syphilis being comparatively rare in Belgium. He explained to us what "Bestwichef," "Trousseau's wine" and "Bromoform" were—in short, he acted the part of "tipster" for the examination!

After about half a dozen séances with the M.D. tipster, the day of the first examination came. We assembled at the university one evening and drew our numbers from a wooden urn. This indicated our order of examination. Immediately after this proceeding No. 1 was called up to the table and was asked the symptoms of acute rheumatism. The questions and answers went through an interpreter, the genial and courteous Dr. Mills, who sat beside the examiner. The other candidates, men and women, lounged around the room, chatting in low voices to one another, or listening to the trio at the central table. One lady candidate knitted persistently through the examination. The heat was intense in spite of the open windows, and at times the thunder rolled overhead, and vivid flashes of lightning lit up the gloomy outlook on leaden roofs. The first evening ten were examined in medicine, at two tables, for ten or fifteen minutes at each. Then a batch were taken in materia medica, one drug only being asked as a rule, but the space, ten minutes, was expended on that drug, so your readers can imagine it was very thoroughly gone into. The next day the examination was continued with pathology and therapeutics. For these two subjects it is necessary to know by heart the first half of Green and the whole of Hale White—the latter, of course, includes the materia medica—one question in each for ten or fifteen minutes. This concluded the first part of the examination. Half an hour later the result was announced. Three candidates failed.

The second part included surgery, hygiene, medical jurisprudence and theoretical midwifery. These subjects constitute the easy portion of the examination, more importance being attached to medicine, therapeutics, materia medica, pathology, anatomy and clinical medicine.

The third part consisted of clinicals in medicine, surgery, ophthalmology, operative surgery, operative midwifery on the *mannequin*, dissections and anatomy. In the clinical medicine *method* is everything with the examiner. No detail must be omitted. The diagnosis is of secondary importance. Indeed, one generally knows beforehand what the disease is, but woe betide the candidate who jumps at the diagnosis. A torrent of sarcasm quickly falls upon him and withers him up! To watch a clinical examination by Dr. Rommelaere is alone worth a visit to Brussels. Surgery is a pleasant affair compared with medicine. Of "eyes" the same may be said. In operative surgery the usual operations are done on the dead body, but not much is expected, or received as a rule. Operative midwifery consists of a series of puzzles with an apparatus called a "mannequin." It is absolutely unlike the real thing, and might well be omitted in the examination. In anatomy we each drew lots for a region. This we proceeded to dissect for an hour and a half. The examiner then returned and examined the candidates in the anatomy of the part dissected.

The whole examination is *vivâ voce*, and, as I have shown, ranges over every subject. The difficulties of the examination are partly due to the method being different to ours, and partly to the depth of the one question asked in each subject. In Brussels they laugh at our way of examination. Some of us laugh at theirs. They think their method probes a greater depth of knowledge. We think our method unearths unsuspected ignorance. They credit a candidate for the gold he produces; we

damn a man for the dross he reveals. I don't suppose either method is perfect.

At the conclusion of the third part of the examination, the results were announced in batches at various times in the council-room of the University. The beadle told the candidates the hour, and a small crowd of excited men and women awaited the arrival of the Rector, Dr. Rommelaere, and his black poodle. The list was read out, and the successful candidates signed their diplomas, shook hands with the Rector, and adjourned to the nearest café, happy in the possession of the coveted "title of doctor."

London, July, 1896. F. V.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

W. G. M., Holborn (*Park*).—After incubation, the resulting growth consisted of the short variety of the diphtheria bacilli associated with staphylococci and a long thick bacilli.

W. G. M., Holborn (*Wright*).—After twenty-four hours' incubation, a very scanty growth of staphylococci had appeared, but no Klebs-Löffler bacilli could be seen.

R. C. K., Colchester.—No tubercle bacilli could be found in the pus.

J. E. D. H., Reigate.—There are a considerable number of sarcinæ and other moulds in this vomit, but no fragments of growth have been detected.

C. E. C., Blechingley.—After incubation, the resulting growth consisted of staphylococci and a large torula. No Klebs-Löffler bacilli could be detected.

E. R. M., Hastings.—Tubercle bacilli are present in the sputum in large numbers.

PATHOLOGIST.

Prizes.

SECOND YEAR'S STUDENTS.

Mr. C. T. Hilton, First Prize, £25.

Mr. G. S. Simpson, Second Prize, £10.

FIRST YEAR'S STUDENTS.

Mr. W. H. Edwards, Mr. E. A. Miller, } Equal, £37 10s. each.

Mr. J. A. Butler, Certificate.

Re-Endowment Fund.

The current of events flows a comparatively slow course just now. This, however, is to be expected at the time of year and must not be taken to indicate stagnation. Energy has to be stored for a fresh campaign. But apart from movements on a grand scale, our readers will be glad to know that seldom a day passes without material evidence being forthcoming that the cause of Guy's occupies a place in the public consciousness. And so the Fund creeps steadily on.

The present position is explained by the following quotation from the most recent advertisement:—"Re-endowment Fund. A capital sum of £500,000 is required to make good the deficiency of income, to avoid the necessity of closing more beds, and to provide for the re-opening of those already closed. Towards the above Fund the sum of about £170,000 has already been subscribed, principally in response to the appeal of H.R.H. The Prince of Wales. H.R.H. the President, the Treasurer and the Governors earnestly appeal to all classes for donations to the Re-endowment Fund, and for *annual subscriptions until such time as the Fund is complete.*"

The directors and employés of Harrod's Stores, Ltd., are celebrating the introduction of the Saturday half-holiday into their working arrangements by a Garden Party and Fête to be held in their private grounds at Barnes this afternoon. The proceeds are to be devoted to the Re-endowment Fund, and it is confidently anticipated that one or more beds will be permanently endowed as a result of this generous effort. All expenses will be defrayed by the promoters and the gross proceeds handed over to the Hospital. We understand that everyone, from the Managing Director to the youngest employé, is working with the utmost enthusiasm. We trust the public may show their appreciation of this praiseworthy undertaking by patronising the fête in large numbers.

Hospital Management.

At a general court of the Governors held on the 30th ult., a report was presented from a committee of Governors appointed to consider what arrangements should be made for the future management of the Hospital, in consequence of the impending retirement of the treasurer, Mr. E. H. Lushington. The report, which had the approval of the president, the Prince of Wales, nominating Mr. H. Cosmo Bonsor as non-resident treasurer, was adopted. The committee of Governors to consider questions of management was re-appointed, and Mr. Lushington consented to continue as resident treasurer until the necessary arrangements demanded by the changed circumstances were completed.

Passim.

We announce in to-day's issue a fact that deeply touches the vital interests of the Hospital,—the impending retirement of the Treasurer, and the appointment in his place of a non-resident treasurer in the person of Mr. H. Cosmo Bonsor, M.P. This step we understand is one of a series of changes, which the Treasurer and Governors have felt it right to make in consequence of the increased dependence of the Hospital upon public support.

While full reliance is placed on the authorities' doing their best for the interests of the Hospital in the public service, general regret will be felt at the withdrawal of Mr. Lushington from our midst after more than twenty years' devotion to the cause, and at the substitution of a non-resident official. The old days of honourable independence are gone, and in a hundred years' time government of any community by a benevolent despotism will be an impossibility. Socialism and democracy are the supposed panacea for all evils, and the present change is but the thin end of the wedge in connection with Guy's.

However, with the thin end of this particular wedge in the person of Mr. Cosmo Bonsor nothing but satisfaction can be felt. Mr. Bonsor has for some fifteen years been a governor of the Hospital, and has throughout shown his great interest in its welfare. He was one of the founders and a keen promoter of the Nursing Institution, to which he contributed liberally, and he has recently given a magnificent contribution to the Re-endowment Fund. His position as a man of business is not easily equalled. He is a member of the firm of Messrs. Combe & Co., the great brewers; he is Deputy-Chairman of the South-Eastern Railway; he is a Director of the Bank of England, and he has sat in two parliaments as Conservative member for the Wimbledon division of Surrey. With such a man in the prime of life and full of energy we may rest assured that the future of the Hospital is in good hands.

The new changes will come about slowly and gradually, and inasmuch as most of the Governors will now be out of town for some little time, it is natural to suppose that some months will yet elapse before the proposed changes are further defined or actually put into execution.

Two interesting announcements occur on our last page. One is the birth of a son and heir to Mr. Lucas, and the second is the marriage of Mr. Courtenay Colley, who left Guy's only two years ago for the Cape. To both we tender, on behalf of past and present Guy's men, our heartiest congratulations and good wishes.

The Inter-Hospital competitions for the year are now over, and in the most important events Guy's have returned empty-handed. We have undoubtedly had very bad luck in not winning the cricket cup, as most judges in a position to form an opinion will admit that we had the best cricket team of the season. On the other hand, the latest acquisition of the Clubs' Union—the Swimming Club—has proved itself more than worthy of recognition. In the summary given of the season's work in another column it will be seen that our water-polo team was not only judged to be of very high quality, but that it met with conspicuous success in its matches, and won the Inter-Hospital Cup without difficulty. It has well merited the four "Blues" awarded to it. The Bicycle Club is at the same time to be congratulated on winning by 12 points the Mellin Shield which they shared last year with the London Hospital. We regret that accounts of this meeting and of the Bisley Cup, which was won as usual by St. Thomas's Hospital with a score of 348 on July 16th, must be held over to our next issue.

We publish in another column a letter from a correspondent signing himself "$\phi\epsilon\nu$," on the subject of the "Blues" committee, and we publish at the same time a list of "Blues" recently awarded. The accusation brought by our correspondent against the committee which recently awarded these "Blues," is a very serious one. "$\phi\epsilon\nu$" is himself a member of the "Blues" committee, and he tells us that he was not informed of their meeting. Moreover, at least one other member was uninformed of the meeting; the only clubs represented were the Cricket and Football Clubs; and the number present out of a total of ten members was three.

The rules of the "Blues" committee are so ill-defined that it cannot be said that there were too few to form a quorum, since the rules do not mention the word. But, technically speaking, there can be no doubt that if some members of the "Blues" committee were not informed

of the meeting, that meeting is null and void, and its proceedings and the "Blues" it has given are similarly valueless. Practically, it is probable that by universal consent the "Blues" given will remain unopposed; but it is open for the Lawn Tennis and Athletic Club representatives or any other member of the committee to insist on another meeting of the committee being called so soon as is possible, in order to advance the claims of their own clubs. Rule 4 runs as follows, and it has not yet been put into execution this summer:—

The "Blues" committee shall meet half-yearly at the close of the winter and summer sessions, after the Inter-Hospital competitions have been decided. They shall then proceed to award "Blues," and shall take into consideration the list of men suggested by the various club committees through their delegates.

The result, namely, the giving of no "Blues" to the Lawn Tennis or Athletic teams is palpably unjust.

In the first and second year's prizes announced on page 344 of this number, it will be seen that the former is shared between two men, Messrs. Edwards and Miller—a somewhat unusual occurrence. Mr. C. T. Hilton, as was expected, won the senior prize, but Mr. G. S. Simpson's position on the list is most noteworthy, inasmuch as he is the first Dental Arts scholar of the Hospital, and has more than justified his election by being the first dental student to figure on the year's prize lists of the Medical School.

The International Congress of Dermatology is now in session in the Examination Hall on the Embankment, and some most remarkable plates and specimens are being exhibited which are well worthy of a visit. The Guy's dermatologists are of course taking part in the congress.

The latest number of the Transactions of the Odontological Society of Great Britain is largely taken up by an interesting paper read by Dr. Washbourn and Mr. Goadby, on the bacteria of the mouth. It is an unsolicited testimonial to the merits of the domestic toothbrush. A copy is to be found in the Library.

The mosaic paving of the Surgery floor is now complete and is most artistic, although it is too rough to be aseptically ideal. The other improvements in the Surgery are being completed while work is carried on there as usual to the mutual discomfort of both masonic and medical professions. But this, even so, is preferable to working in the quadrangle in the Surgery tent, which has now been struck.

Our attention has been called to some shameful brutality that has recently been played on cats in the neighbourhood of The Terrace, by some of our men of considerable standing. Such conduct is cowardly and unworthy of gentlemen. It brings the Hospital into discredit, and prevents the name of medical student from rising out of the evil reputation, which still clings to it, and not always without justice. It is to be hoped that these persons' sense of humour may shortly undergo a change, or, as we are informed, a certain society will take up the matter.

The next issue of the Gazette will be on Saturday, August 22nd, from the office of the Medical School.

Appointments.

August, 1896.

HOSPITAL APPOINTMENTS.

Mr. J. M. Fortescue-Brickdale has been appointed to the vacancy of dresser to Mr. Lucas created by the resignation of Mr. H. J. Starling.

Clerks to the Anæsthetists.—Messrs. V. E. Collins, J. O. Garland, H. T. Hicks, P. C. Higgins, G. K. Levick, and A. E. Porter.

Externs.—Messrs. A. H. Finch, R. Howard, A. Kinsey-Morgan, J. T. Roberts and C. C. Worts.

Dental.

Dressers in the Gas Room.—Messrs. R. G. S. Holmes and C. A. Wilson.

Dressers in the Ordinary Extraction Room.—Messrs J. K. Clark, F. Curtis and A. D. Hopkins.

CIVIL.

Annis, E. G., L.R.C.P. Lond., M.R.C.S., has been appointed Medical Officer of Health for the Borough of Huddersfield.

Copley, Stanley, L.R.C.P. Lond., M.R.C.S., has been appointed House-Surgeon to the Stamford, Rutland, and General Infirmary.

Izard, H. E., L.R.C.P. Lond., M.R.C.S., has been appointed House-Surgeon to the East London Hospital for Children and Dispensary for Women, Shadwell.

Prize Competition.

A prize of two guineas will be awarded in September next for the best article on some subject relating to the incident and travel of a holiday. If of sufficient merit, the winning article will be published in the Gazette, and a second prize will be given for any MS. that may be worthy of publication. The prize will be open to students in their first, second and third years, and to members of the nursing staff. For further particulars apply to the Medical School office.

The Functions of Nerve Cells.

(The Treasurer's Prize Essay, read before the Physical Society on Saturday, March 28th), by Alfred Salter, M.B., B.S.

Continued from page 327.

The Trophic Function.

"The first and most important function of the body of the nerve-cell is unquestionably that of nutrition." —(Schäfer, "Brain," vol. xv.)

This nutritional influence is exerted, firstly, over the axis-cylinder processes of the cells, *i.e.*, the nerve-fibres; secondly, over the myelin sheaths of these axis-cylinders; and thirdly, over the tissues to which the neuron is distributed, viz.:—muscle, skin, glands, bone, viscera, etc.

The nutritional or "trophic" influence exerted by the cell over the first class of structures is readily understandable, but the explanation is highly obscure for the katabolic revolutions which occur in a tissue when there is a breach of continuity in the connecting links between the tissue and its nerve-cell governors.

The nutritional function of the cell is in all probability dependent upon the presence of the nucleus. Many instances may be quoted in cells other than nerve-cells of the dependence of the normal metabolism of the cell-protoplasm upon the nucleus. Thus, Hofer divided an amœba into two parts in such a manner that one half contained the nucleus whilst the other was deprived of it. The latter non-nucleated portion, although it did not immediately die, yet continued to exhibit vital properties (such as pseudopodial movements) in a much less active manner than the nucleus-containing fragment. It certainly continued to exist for a time, but failed to take in nourishment, failed to form more protoplasm (*i.e.*, to grow), failed to form another nucleus, failed to divide, and eventually died, probably from inanition. Many vegetable cells of great size (some of several inches length), with the nucleus situated towards one pole of the cell, can easily be deprived of that portion which contains the former structure. The non-nucleated portion remains fairly vigorous for a time, but gradually languishes, and no longer carries on its nutritive processes as before. Such portions of cells, although they may comprise the greater part of the original cell, have entirely lost the power of forming a cellulose wall, a function that is retained by the nucleus-possessing fragment, which can repair the damage. Moreover, it has been shown that the continued activity of nerve-cells and nerve-fibres is accompanied by marked changes in the nuclei of the cells. Hodge subjected the fibres of the posterior roots of the spinal nerves to prolonged electrical stimulation, and found that this continued activity was associated with marked wasting of the nuclei of the spinal ganglion-cells, as well as with definite alterations in their appearance, such as vacuolation and granulation. These changes are undoubtedly produced as a consequence of the increased activity of the trophic functions of the nuclei and of the cells, for, as will be shown further on, the nerve impulses do not in all probability actually traverse the bodies of these cells at all, but pass straight along the T-shaped junction without directly entering the cell. It has also been observed that when degenerative processes of the cortical projection-cells lead to descending sclerosis of the pyramidal fibres, the earliest change detectable in the cells is one of shrinkage and vacuolation of the nucleus with disappearance of the nucleolus. (Whitwell, *op. cit.*)

Taking into consideration all these facts, then, it is not at all surprising that when a portion of a nerve-cell, *e.g.*, one of its processes—the axis-cylinder process—is separated from the cell-body containing the nucleus, although such process may continue to live for a time and even to conduct nerve-impulses when these are artificially produced in it, yet ultimately dies. This is, in fact, the basis of what is known as the Wallerian degeneration of nerve-fibres. And when we completely recognise that a nerve-fibre is nothing more than the process of a nerve-cell, we understand immediately that the part of the nerve-fibre severed from its connection with the parent-cell *must* ultimately die. This is found to be the invariable rule, and it matters not whether the part of the fibre thus separated from its tropharchic nucleus conducts impulses to or from a nerve-centre, whether the fibre is afferent or efferent, ascending or descending; in both cases the same result ensues—the process dies.

In this connection, brief reference may be made to the regeneration of nerve-fibres which occurs after section of a nerve when the divided ends are approximated. Restoration of function takes place by the growing outwards of the central end of the axis-cylinder; that is to say, the cell is able to replace the lost portion just as the nucleus-retaining half of the protozoon and vegetable cells mentioned above are able to repair the damage done by removal of the non-nucleated part. We may, however, note that when once the cell-body itself has been injured or damaged, no regeneration or formation of new cells ever appears to occur. Lesions of the nucleus are irremediably fatal to the cell's existence, and in nervous tissue there does not appear to be any arrangement for replacing lost elements such as occurs in muscle, glands, bone, etc. This statement is absolute for all higher vertebrates, and the only reparation which occurs is by uninjured cells taking on the functions of the lost ones in addition to their own. But in lowly vertebrates like reptiles and amphibians such genesis of new nerve-cells can occur; for in lizards and tritons where mutilation of the tail has been practised, and a new member has grown, this is found to contain structurally perfect nerve-cells. Such elaboration of new-formed cells, however, is an exception, just as the replacement of the tail is itself an unusual phenomenon among the vertebrates.

Separation of the axis-cylinder from its parent cell and its resultant death involve certain changes in the sheaths of the nerve-fibre, changes which enable us to recognise with great readiness such degenerating fibres. By means of Marchi's method the myelin sheaths can be deeply

stained in the earlier stages of their degeneration, whilst leaving unstained the sheaths of normal fibres. Marchi's method further proves that the death-process in the fibre-sheath is not merely one of pure disintegration, or the separation and running together of droplets of myelin from out the neurokeratin reticulum, as some have supposed, but that an actual chemical change in the composition of Schwann's white substance must occur, as demonstrated by the altered micro-chemical reactions. The exact reason why separation of the axis-cylinder from the nerve-cell should lead to profound and immediate changes in the *sheaths*, as well as in the cylinder, is not quite obvious; for the sheath is a nucleated structure, and developmentally considered is an extraneous substance superadded to the cylinder some considerable period later than the original formation of the latter. The reason is probably similar to that put forward below to explain trophic disturbances generally in tissues other than nerve-fibres.

One of the most prominent facts in neurology is that any tissue deprived of its nerve-supply immediately begins to show what are called "trophic" changes. For instance, we find that a muscle undergoes rapid atrophy, and microscopically is in a condition of granular or albuminoid degeneration. In some cases the change is so complete that after the lapse of a certain time the whole of the proper contractile substance has totally disappeared. Cutaneous and mucous surfaces show epithelial changes (*e.g.*, "glossy skin"), and are exceedingly susceptible to slight traumata, and thus very liable to pathological processes. Amongst the latter may be mentioned bullæ, whitlows, loss of surface epithelium, ulceration, and œdema; whilst structures such as hairs become pigmentless, lustreless, thin and brittle, or may drop out altogether.

Many explanations have been advanced to explain these remarkable results of loss of nerve influence. Let us first deal solely with the changes which occur in voluntary muscle. It matters not how the solution of continuity between the nerve-cell and the tissue may have been caused, nor where the exact lesion may be, provided only influences from the cell now fail to reach the muscle-fibre. Whether the lesion be due to section of the nerve, to neuritis, to acute anterior poliomyelitis or to a chronic sclerosis about the cells, as in progressive muscular atrophy, the result is always the same. The two most common suggestions professing to explain the changes are that they result (1) from disuse or (2) from altered blood-supply consequent on vasomotor paralysis. Such explanations, however, are totally inadequate. For in the case of cerebral palsies, or of lesions, traumatic or pathological, in the white tracts before they reach the anterior cornual cells, although the paralysis may be absolute, yet the muscle remains excitable and no wasting occurs, or only to a slight extent in no way comparable to the extreme and rapid process which ensues with lesions at or below the cornual cells. Moreover, no amount of regular use of the muscle by artificial stimulation with the electric current, together with periodic massage and similar means, will prevent the wasting from occurring, or sensibly diminish its amount, if the severance from the anterior cornual cells, or the destruction of the cells themselves, is complete. These facts clearly point to a direct dependence of the normal constitution of muscular fibre upon the healthy integrity of the spinal cells. It is practically unimportant in this relation whether the atrophic degeneration depends upon "irritative or inflammatory changes in the cells and efferent fibres" as held by Charcot, or on "withdrawal of a normal trophic influence" as Erb puts it. The anterior cornual cell, efferent nerve, and muscular fibre constitute a "functional and nutritive unity," on the maintenance of which the normal structure and vital reactions of the parts composing it depend. It is unnecessary to assume, and there is no evidence to warrant the assumption, that there exist special sets of cells and fibres called "trophic" as distinct from those engaged in ordinary motor processes; and it is much more probable that the maintenance of nutrition, and the excitation of the muscles to contract are merely aspects of essentially the same function.

The real explanation of trophic disturbances in the muscle-fibre is probably dependent upon the extreme specialization of the nerve-cell, and the way in which, during the course of evolution, functions at first common to the whole of the tissues of the organism, and then to certain special parts have finally become localised or concentrated in it. We have seen in our embryological retrospect that, whilst in primitive animals the whole protoplasmic mass of the organism is endowed with motility, the power of contraction became gradually limited to certain differentiated cells or myocytes. These at first were capable of spontaneous action, but later all automaticity or spontaneity was lost by them, as previously the other tissue elements had lost it, and now they cannot act save in obedience to a nerve-cell stimulus. Probably, simultaneously with such loss of power of spontaneously contracting, the myocytes also lost the power of maintaining and regulating those peculiar and distinctive molecular vibrations upon which vital integrity is believed to depend. As far as physical and biological science can at present teach us, "structural or coherent integrity in inanimate matter depends upon highly complex molecular vibrations and rotations, and upon certain inter-molecular attractions which are thereby sustained." And the difference between living and non-living matter, as far as our knowledge goes at present, is that "some relation exists between the vibrations of groups of molecules, or that there is a regulated and orderly correlation between such group-movements in living matter which does not obtain in non-living matter." Complete interference with this regulated mechanism means molecular death, partial disorganization means a pathological process. In the Protozoon this regulation or correlating is carried on by the nucleus for the whole cell; in the non-nervous Metazoon, such as Siphonophora, each cell is probably still master of its own molecular destiny; but in the higher animals, with the evolution of

a nervous system, just as the power of exciting gross contractions in a myocyte is concentrated in the neurocyte, so probably also the power of regulating the molecular vibrations of the tissue-cell is now retained in the nerve-cell. And just as an induced faradic current can be kept in action only by the maintenance of the primary galvanic current, so only can the regulated and orderly molecular movements of the tissue-cell be kept up by being in touch with the specialized nerve-cell. Isolation of the tissue-cell molecules from the exciting nerve-cell mechanism means anarchy or disorder in myomolecular government, and such cessation of molecular order means disintegration; and then removal of the disintegrated particles by unresisted oxidation and by the blood-stream means wasting.

Coming now to the trophic disorders which occur in tissues other than muscle, we may note that these are seen in glands, bone, joints, skin, hair, nails and other cutaneous structures. Skin changes may be partly ascribed to the loss of protective adaptation consequent on anæsthesia, and in some measure to vascular changes; but when all these are weighed and allowed for, there remains an element which cannot be thus explained, and which seems to justify the conclusion that the sensory cell, afferent nerve, and organs of sense with their annexes form a "functional and nutritional unity," the dissolution or disturbance of which by morbid conditions of the sensory nerve-cell or afferent nerve, leads to altered nutrition or "trophic disorders" of the related parts. The tissue-cell molecular movements are doubtless here also under the regulation of the nucleus of the sensory cell.

In sudoriparous glands and many other peripheral structures degeneration does not occur after loss of nerve influence to the same extent as in muscle. Vulpian supposes that this is due to the existence of peripheral ganglionic mechanisms—the small microscopic nucleated enlargements which occur here and there in the skin scattered through the connective tissue. These must to a certain extent be independent of the spinal cells, and it is to their presence that the comparative slightness of the atrophic changes which occur in these structures is doubtless due.

If on the one hand death or lesion of a nerve-cell leads to atrophy of the tissue-element supplied by it, on the other we find that death or removal of the tissue by extraneous agencies, or resection of a portion of the nerve-fibre proceeding from the cell in question, results in sequential failure of development on the part of the nerve-cell. This fact applied experimentally forms the basis of Gudden's method of investigating nerve-tract relations. Such removal or death of the part supplied must, however, occur before the cell has fully developed, for Gudden showed that amputation of a limb in an adult animal did not result in shrinkage and atrophy of the anterior cornual cells, or not to any marked extent. When, however, the spinal cord was examined of animals or men, who when young had been subjects of such mutilations, it was found to be unsymmetrical at the spot whence proceeded the nerves to the affected parts, and this want of symmetry he showed to be due to failure of development on the part of the large motor cells of the anterior cornu. The latter were fewer in number, shrunken, and obviously smaller than those of the opposite side. Similarly excision of the eyeball in a young rabbit leads to absolute failure of further growth of the anterior corpora quadrigemina. (Landois and Stirling).

These results, however, are simply in accordance with the general biological law, that disuse or functional inutility are accompanied by structural retrogression or developmental failure.

Having now considered the nutritive functions of nerve-cells, we pass on to the discussion of their other functions. This "tropharchy" of the body of the cell has not always been so completely recognised as it deserves, but of late the assertion of its importance and predominance has been pushed to the opposite extreme, and Nansen has even gone so for as to deny to the cell-body any other function than that of presiding over the nutriment of the whole cell and cell-processes. Such a view cannot be seriously entertained, as we possess incontrovertible evidence as to the part played by nerve-cells in motor processes quite apart from their merely trophic influence exerted over the conducting fibres.

It is clear from a general study of comparative histology that, during the processes of evolution, those organisms obtained the advantage in the struggle for existence that possessed the best developed and most delicate mechanism for reacting to their environment, *i.e.*, the best adapted apparatus for converting external impressions into muscular movements. For we find that all except the lowest Metazoa possess such an arrangement; and, in fact, the vertebrate nervous machine with its complicated collections and mazy groupings of intimately related nerve-cells arranged in the form of a continuous cerebro-spinal axis is really nothing more than an extension of the simple and primitive apparatus previously described in Dendrilla, consisting of a sensory reception-cell or æsthocyte, afferent fibre, single ganglion-cell and efferent fibre terminating in the motor structure or myocyte.

Basing our views as to the part taken by the cell in such a process—which is known as a reflex act—solely from a study of the anatomy of the simple and crude mechanisms, we should predict that the rôle of the cell consists in acting as an intermediary between the outside world and the structures of the animal which are differentiated for movement and locomotion, firstly transmitting and secondly modifying the stimuli as may be most advantageous to the organism. It would be out of place in this essay to discuss the phenomena of reflex action from a general biological stand-point, and we have only to investigate it so far as is necessary to make clear the exact part which the nerve-cell takes in its performance.

In this connection, then, we have to inquire the part taken by the cell—

1. In the transmission and conduction of impulses.
2. In the modification of impulses.
3. In the storage of impulses.

And lastly, we may inquire whether nerve-cells can ever act as originators of impulses, *i.e.*, whether we can scientifically speak of such a thing as true automatism.

Transmission.—Anatomically, direct transmission of impulses through nerve-cells must occur (1) in bipolar or dineuric cells such as are found in the spinal ganglia of osseous fishes, in the microscopic intravisceral ganglia of the intestines, bladder, uterus, etc., and in some sympathetic cells, especially those of the abdominal ganglia of lower vertebrates; (2) in the motor projection-cells of the cord and bulb where each nerve-cell gives off only one unbranched neuron. In this instance nerve-impulses are probably communicated to the body of the cell from the interlacement of fibrils derived from other cells which enwrap the body of the motor cell.

In such cases there is an anatomical necessity for the impulses to be transmitted through the cell, and the integrity of the cell is thereby shown to be indispensable for the production of the reflex act. This is verified by the rapid loss of reflexes which occurs in acute anterior poliomyelitis, or in a transverse myelitis, where at first the cells alone are affected by the pathological process.

Apart from their anatomical connections, however, it has been shown physiologically in animals by Langley and Dickenson, that many nerve-impulses do traverse ganglion cells on their way to their destination. Thus, in a rabbit or dog stimulation of the distal cut end of the sympathetic trunk between the superior and middle cervical ganglion causes dilatation of the pupil and constriction of the blood-vessels of the ear and face of the same side. If, however, nicotin in 1 per cent. solution be applied locally with a brush to the exposed superior ganglion, or if 5–20 milligrams be injected into a vein, stimulation of the cut end, or of the ganglion itself, totally fails to produce these effects—the pupil remaining contracted and the blood-vessels dilated; although stimulation of the nerve-trunk *above* the superior ganglion calls forth the changes in a normal manner. If instead of applying the drug locally to the ganglion, the solution of the above strength be painted on the nerve, no abnormal effects are observable. From which it is evident that nicotin paralyses the nerve-cells of the ganglion, and impulses which normally traverse the cells are now unable to effect a passage. By employing solutions of greater strength the trunk fibres themselves are paralysed and the conduction of impulses through them as well is blocked. Langley, Dickenson and Anderson by this method have also shown that impulses have to traverse the cells of the lenticular, submaxillary, sublingual, semilunar, inferior messenteric, stellate, and other ganglia; and we may infer that whatever other functions ganglion-cells in general possess, they take an important part in the *conduction* or *transmission* of impulses.

It is certain, however, that nerve-impulses can pass along some nerve-fibres along the course of which a nerve-cell occurs without, in the process of transmission, actually passing through the cell at all. This, no doubt, is the case with the cells of the posterior spinal root ganglia of all vertebrates higher than the osseous fishes, and it depends upon the peculiar arrangement of the cell-processes. From these cells only one process is given off, and this, as has been shown by Ranvier, Retzius, and Remak, bifurcates a short distance from the cell, one branch passing towards the periphery and the other towards the nerve-centre. We can easily conceive that sensory impulses might be conducted directly to the nerve-centre, past the T-shaped junction, without passing through the nerve-cell at all. That in all probability this actually happens has been demonstrated by Langley and Anderson, who found that the passage of nervous impulses along the fibres of the posterior roots is not affected by a dose of nicotine which would be more than doubly sufficient to block their passage through the cells of the sympathetic or submaxillary ganglia. We may, therefore, conclude that these spinal ganglion cells have in higher animals solely a trophic function, as division of the root immediately above or below the ganglion results in degeneration in either direction; and that they take little or no part in the transmission of afferent impulses. The cells of the Jugular and Gasserian ganglia, and of the plexus gangliiformis vagi are of similar unipolar shape and structure to those of the spinal ganglia, and may be considered to possess analogous functions.

Although both on anatomical and experimental grounds we believe that vertebrate nerve-cells generally (with the exception of those just enumerated) take a prominent part in the conduction of impulses, yet there is reason to think that in some invertebrates a special and peculiar development of cell-processes has taken place whereby the necessity for the passage of the stimuli through the cell-body is obviated. Lenhossek and Retzius in an exhaustive investigation into the structure of the ganglia of the earthworm, crayfish, and hornet, found that it was morphologically possible for sensory impulses, brought by the fibres from the integument, to be converted into motor impulses within the Punktsubstanz without reaching the cells at all. (The Punktsubstanz is a granular-looking ground substance analogous to Gerlacs's network, and composed of the finely varicose and ramified terminations of the cell-processes of afferent fibres). The method whereby sensory can be transformed into motor impulses without cell interference is by the free interlacement of the afferent dendrites with the very large and unusually developed efferent-collaterals. The extraordinary development of the collaterals and their intimate relationship with the terminations of the afferent fibres is strongly suggestive of functional communication by their means.

Nerve-cells then, as a rule, and certainly all human nerve-cells, with the exception of those of the spinal ganglia and the analogous ganglia on the cranial nerves, take part in the conduction of nerve-impulses. The fact that many cells in the sympathetic and peripheral visceral ganglia have several axis-cylinder processes would lead us to believe that such structure provides a

mechanism for the economic distribution of impulses without waste of nerve material. For if a single axis-cylinder can conduct an efferent impulse, say from the motor spinal cell to a nerve-cell at the periphery, from which four distributing fibres go to the muscle innervated by the original cell, it is obvious that there is a saving of three axis-cylinders all the way from the cord to the peripheral ganglion. And that such an arrangement does occur, especially with nerves having a splanchnic sphere of influence, is seen from the fact that more nerve-fibres leave most sympathetic ganglia than enter it, and with the abdominal ganglia this process is repeated by the subdivision into secondary plexuses. In the minute ganglia in the substance of the uterine walls, a nerve-fibre can be seen entering a cell, and several processes can then be seen leaving the cell and ending in muscle-fibres. (Biedermann).

The next fact that presents itself for consideration in connection with conduction through cells is the diffusion of impulses which occurs from one cell through adjacent cells to others far distant, eliciting widespread effects expressed in the contraction of muscles supplied by the cells which have become implicated. As a rule, reflection takes place from a certain limited set of centripetal nerves to a corresponding and related set of centrifugal nerves, through the interposition of the proper nerve-cells. For example, impression of light upon the retina causes contraction of the iris, but no other muscle moves. Under certain circumstances the nervous disturbance may spread from the proper nerve-cells to others, and the contraction of the orbicularis palpebrarum may ensue. Or again, the whole facial muscles may twitch, or under yet other conditions a general spasm of the whole musculature of the body may take place.

Now such diffusion of impulses from the cells originally affected to those over an ever-widening area depends upon two factors—

1. The strength of the stimulus, and
2. The "irritability," "excitability," or in other words, the resistance of the cells to radiation of impulses through the dendrons.

Illustrative of the first factor may be instanced the effects of irritating the skin of a frog's foot. Slight stimulation causes withdrawal of the leg upon the same side. Stronger irritation causes vigorous drawing up of the leg and thigh of the same side. Still stronger produces flexion of the opposite leg as well; whilst a shock from a powerful Faradic current will throw the muscles of the whole body into action.

The resistance of the cells to diffusion can be increased or decreased by certain drugs or poisons. Thus, the effect of injecting strychnine of tetanus toxine is to lessen the resistance to diffusion, whilst that of Physostigmine and chloral is to depress the excitability, or increase such resistance. The resistance of certain cells is also increased or diminished by the removal or augmentation of a constant influence exerted over them by other cells of a higher order and function. This aspect of the question will be again discussed later.

Diffusion must necessarily be dependent upon the *physiological* continuity of the ramified cell-processes of different nerve-cells with one another, or of the ramified processes of one cell with the body of another cell. By this physiological continuity such isolated anatomical elements become concatenated into cell-chains which may be either simple, as in the nervous system of the earthworm, crayfish, etc., or may be complicated to any imaginable extent as in vertebrates.

We may now ask how the nervous impulses pass from cell to cell. Physiologically, it may be shown that there is always a partial block to the passage of a nervous impulse at the conjunction of one cell with another. This is evidenced by the loss of time which occurs when nerve-impulses have to pass such a block. Thus, there is such lost time at the motor projection cells of the spinal cord; for if the time taken between the excitation of fibres of the pyramidal tract and the commencement of the contraction of the corresponding muscles be measured, it will be found to be prolonged (over and above the time taken by the transmission of nerve-impulses along the given length of nerve, plus the time taken by inertia of the muscle) to the extent of about ·01 second or more. This lost time, which must occur at the junction of the cell-chain, represents the period of latent excitation of the nerve-cell. Let us now consider what is probably happening at this point. The nerve-fibre of the pyramidal tract to which the excitation is applied carries nervous impulses which become spread out in the fine arborescence which forms the termination of that fibre and enwraps the spinal cornual cell. From this cell impulses start, which are not necessarily of the same rate as those which have reached the terminal arborescence just mentioned, and these *new* impulses pass down towards the muscle and cause its contraction. It is clear that a change occurs at the adjunction of the arborescence with the cell-body. A change in rhythm certainly occurs, for a stimulus passing through the cell, and having a rhythm of 100 per second, is converted at the cell into one having a rhythm of 10 per second, as evidenced by the rate of the muscular contractions *(vide infra)*. Again, also, when a muscle is thrown into contraction in a reflex act, the pitch of the sound which it gives forth does not vary with the stimulus, but is constant, being the same as that given forth by a muscle when thrown into action by the will. From which we infer, bearing in mind the facts concerning the nature of the muscular sound, that in a reflex act, as in the case of impulses descending along the pyramidal fibres, the afferent impulses do not simply pass through the cell in the same way as they pass along a fibre, but are profoundly modified.

These facts render it extremely probable that the impulses which pass off from a cornual cell are entirely *new* impulses. If so, we may look upon this cell as having been freshly stimulated by the impulses which have passed along the fibre of the pyramidal tract. We may briefly consider in what manner it can be thus stimulated.

Since there is no evidence that the fibrils of the arborescence anywhere touch the cell-body or its processes, we must believe that everywhere a space intervenes between the two, very narrow indeed, but still a space which cannot readily, if at all, be traversed by nerve-impulses. It is possible to suppose that the impulses reach the peri-cellular-arborescence and produce *by mere induction* new nervous impulses within the cell around which they play. But we have no evidence that such nerve-induction is possible. It is also open to us to suppose that the electrical change (action-current) which accompanies the passage of nerve-impulses to the arborescence may itself be the excitant of the cell; and that the nerve-cell may respond to this excitation by a rhythmic change of some kind, which is possibly a contraction, possibly rhythmic chemical explosion, possibly molecular vibration, or perhaps a combination of two of these. At all events, it is most likely that an entirely new process is started within the nerve-cell, the partial block with consequent loss of time and total change of rhythm at any rate render it extremely probable.

Taking a survey over the series of facts above enumerated, we are bound to come to the conclusion that the term "reflex action" is strictly speaking an unsuitable one. The afferent impulse is not simply "reflected" or turned aside into an efferent channel, but on its arrival at the cell it starts changes of a different nature to, and more complex than, its own, which require a certain "latent" or "reflex" interval for their performance; and the issue of efferent impulses is the result of these more complex changes, not the mere continuation of the simpler afferent impulses. In other words, the interval between the advent at the cell of afferent stimuli and the exit therefrom of efferent stimuli is a busy time for the protoplasmic substance of the cell-body, and during it many processes of which we have at present very little exact knowledge are being carried on.

We may now proceed to consider the manner in which nervous impulses are generated within the bodies of nerve-cells, but before doing so, it is necessary to enquire what is the nature of a nervous impulse.

The theories put forward are:—

(1). That nerve-impulses are processes of travelling chemical action, *i.e.*, of explosive change, analogous to the firing of a train of gunpowder, the spark with efferent impulses being supplied by the motor-cell, and with afferent impulses at the peripheral end-organ.

(2). That they are waves of pressure or surface-tension change.

(3). That they are waves of molecular vibration, analogous to the vibrations occurring in a stretched wire when struck.

(4). That they are actual electrical currents.

Taking first the chemical or explosive theory, we find that the grounds for its acceptance are very inadequate. It is suggested by the advocates of this hypothesis that nerve-cells contain some highly unstable substance or substances; that as a result of stimulation a chemical break-down takes place in the cell-body; that the decomposition here starts decomposition in the neighbouring part of the neuron; and that this is propagated along the nerve-fibre by a repetition of such process in a similarly unstable substance contained in the axis-cylinder. There exists, however, evidence of a more or less positive character, showing that even if such chemical or explosive change occurs in the cell, it is certainly not in this manner that it is transmitted along the fibre. And from our previous considerations as to the intimate relationship of cell-body and cell-prolongation we should anticipate an identical change in each. In the first place, such a process would metabolically be an expensive one, and we should expect to be in possession of evidence that considerable chemical and physical changes ensued. On this hypothesis, three things must take place during nervous activity as much in the transmitting matter or nerve-fibres as in the grey matter, viz.: —

(*a*) A change in the chemical composition as demonstrated by chemical tests.

(*b*) The production of heat.

(*c*) The using up of potentially energetic material with the production of waste or unenergetic material (*i.e.*, katabolic products), causing the phenomena of fatigue.

Direct evidence of chemical change has been chiefly sought for by testing the reaction of nervous matter to litmus paper. A change from an alkaline to an acid reaction can invariably be proved in the case of the grey matter of the central nervous system after prolonged activity or after any method of prolonged excitation. Such activity also is accompanied by a notable rise of temperature (Mosso, Rolleston); and further marked and quite early fatigue occurs in motor nerve-cells after stimulation (Ferrier, Yeo, Goltz, etc.). These facts, then, would appear to demonstrate that profound metabolic changes occur in nerve-cells as the result of the origination of impulses; but, on the other hand, all the latest evidence goes to prove that the neurons do not participate in these alterations of the cell-body. The slight, if any, change, therefore, which nerve-fibres undergo during the transmission of impulses suggests a mode of transmission of energy which shall be to a very slight extent, if at all, other than a physical one. In the first place, many observers have noticed that after prolonged tetanization of a nerve-trunk its reaction is still alkaline (Ranke and Heidenhain), though it is open to us to believe that the alkalinity of the connective-tissue and blood might mask any acidity if present. Secondly, the most delicate apparatus for determining alterations of temperature, such as the thermo-electric arrangement of Rolleston, has failed to show that the passage of impulses along nerve-trunks is accompanied by the development of heat. And thirdly, there is a voluminous body of facts showing that nerve-fibres are practically non-fatigueable. It is well known that fatigue both in muscles and nerve-centres is due to the accumulation of katabolic products, and if, therefore,

nerve-fibres after many hours of stimulation show no signs of exhaustion, it is in the highest degree improbable that the profound chemical changes which occur in nerve centres during activity find a counterpart in the nerve-fibres during the transmission of stimuli. This practical inexhaustibility of fibres has been shown in many ways—by Wedenski, who listened through a Siemen's telephone to the tones produced by the action-current in nerves at different rates of stimulation, and which were audible continuously and unchanged for six hours; by Bowditch, who curarised muscles and submitted the nerve to stimulation for hours until the curare had been eliminated, when the muscle responded again in spite of the fact that it had been under stimulation in some cases for fourteen hours—by Maschek, Bernstein, Edes, Lipmann, and many others, by various ingenious methods, for a description of which there is no space in this essay. We are therefore driven to the conclusion, after duly weighing all these facts, to dismiss the explosive theory of nerve-action and impulse-transmission as being unsupported by sufficient evidence, and to adopt some theory, at any rate as a provisional explanation, which provides a physical method of origination and conduction of impulses, or rather one in which the process of conduction shall be a physical, though possibly accompanied by a chemical and metabolic one at its origin.

Of such theories there are three, which at present occupy the attention of physiologists. One (Schäfer's) is that contraction of the nerve-cell starts a pressure or surface-tension wave along the neuron; another (Engelmann's) supposes that the chemical reactions of the cell-protoplasm originate an actual electrical current; whilst the third conceives that a molecular disturbance or agitation in the cell starts a wave of molecular vibration which is communicated to the molecules of the axis-cylinder. The first of these is the one recently put forward and warmly advocated by Schäfer. D'Arsonval has suggested that the electrical phenomena of active muscle and nerve are produced by variations of surface-tension, passing in a wave-like manner along the fibres; and he has adduced experimental evidence from physical science in support of this view. Such variations must necessarily occur when in an elastic tube with fluid or semi-fluid contents, pressure-waves are in any way set up. Schäfer, Heitzmann, Leydig, Frommann, and Nansen, have brought forward preparations intended to demonstrate that the nerve fibrillæ (primitive fibrillæ of Max Schultze) are nothing but a repetition of the reticulum of fibrils which is described as occurring within the protoplasm of all cells—the reticulum in this case having been drawn out to such an extent that the meshes have become extremely elongated, and the fibrils of the reticulum to all appearances parallel and distinct. Further, that the apparent fibrils are in reality the optical longitudinal sections of sheaths or septa of spongio-plasm which sub-divide the fibre into tubes filled with hyalo-plasm, which forms the true conducting material of the axis-cylinder. Some of Schäfer's photo-micrographs of transverse sections of axis-cylinders give the appearance exactly of a section across a bundle of tubes. If these things be so, we have the requisite mechanism for the propagation of the pressure or surface-tension waves. Assuming that nervous impulses are waves of pressure or surface-tension, Schäfer conjectures that these undulations are originated by the contraction of the nerve-cell. No such contraction has hitherto been observed except in the case of the cone-cells of the retina, and of the stellate ectodermal neurocytes of Hydra; but, on the other hand, it may generally be so slight as to escape observation, or it may be confined to the fibrillæ without producing a marked effect upon the general mass of the cell. If, moreover, the contraction be assumed to be rhythmic, we could then understand how it happens that from many cells nerve-impulses pass along the fibres with a regular rhythm. This is seen in the motor-cells of a spinal cord, for it is found that a rapid stimulation of the excitatory area of the brain or of the fibres of the pyramidal tract—a stimulation which applied to a nerve directly is sufficient to produce complete fusion of the muscular contractions, and therefore complete tetanus—is, when applied *above* the cornual cell, responded to by an incomplete tetanus having the fairly regular rhythm of 10 per second. When the pyramidal fibre is excited, the impulses thereby generated in that fibre, and which are probably of the same rate as the excitation, pass down to the grey matter of the cornu, and are there converted into nerve-impulses which have a very much less frequent rhythm. This can only take place at the adjunction of the termination of the pyramidal fibres with the motor-cells, and the cell responds to the excitation with an action of very much slower rhythm than that of the excitant. For the excitation may be as rapid as 100 per second or more, but provided it is not too intense, the impulses which are elicited from the cell do not possess a rate greater than 10 per second. If, however, the primary excitant be too powerful, then tetanus of the muscle may result, probably from fusion of the contractions—or tetanus—of the nerve-cell itself.

There is thus a good deal to be urged in support of Schäfer's view of impulse-generation by cell contraction and impulse transmission by surface-tension waves. The two theories left are those of Engelmann—that nerve-cell changes actually originate an electric current, and the one which attributes everything to purely molecular disturbances. The former is a highly attractive and fascinating hypothesis, but the only possible evidence which could be advocated in its support is the presence of action-currents, and these are explicable in many other ways, in fact are even utilized in backing up the surface-tension view.

As to the molecular theory, we have only to say that it is purely conjectural, and that evidence either affirmative or negative is wanting.

These questions lead us on to an investigation of the methods whereby a nerve-cell can be made to produce a nerve-impulse, and as to the possibility of a nerve-cell spontaneously generating impulses.

There is abundant evidence showing that on due *direct* stimulation, whether electrical, chemical or mechanical, a nerve-cell may produce impulses. The investigations of numerous experimenters, together with the pathological facts of Jacksonian epilepsy, have amply shown that the grey matter, both of the cerebrum and spinal cord, is directly stimulable by the above agencies, apart from the stimulation which might result to the nerve-fibres by the application of these means, that is to say, *the cells themselves can be directly excited by galvanism, etc.* Thus Putnam in experiments on the cortex with regard to the production of any special movement, found that a much stronger current was necessary to excite the medullary fibres after removal of the cortical grey matter than before such removal. On replacing the cortical lamina and re-applying the formerly effective current, no action resulted, showing that the previous excitation was not merely due to simple conduction through the grey matter to the fibre.

Varigny found that on freezing a given localized region of the Rolandic area, no ordinary stimulation was now capable of exciting the movements formerly readily elicited; and that when the current was intensified beyond all limits of localized irritation, general agitation was produced everywhere *except* in the parts governed by the region in question. And that when the frozen area was excised and the stimulation applied to the cut ends of the fibres, the usual effects resulted, proving that the block was in the cells.

In deep narcosis from chloroform all excitability of the grey matter is abolished, and no contraction can be obtained by stimulating the surface of the brain; though on slicing off the grey matter, and re-applying the electrodes, the subcortical conducting paths are found to still retain their excitability. (Bubnoff and Heidenhain). The most conclusive evidence, however, as to the direct excitability of nerve-cells is derived from the experiments of Franck and Pitres. They showed that between the moment of excitation and the resulting movement there elapses an interval capable of exact measurement. This interval, after deducting the time necessary for transmission of the impulse through the spinal cord and motor nerves, indicates a retardation in the cortex of ·045 second.

When the grey matter is removed and the stimulus applied to the medullary fibres, the period of retardation diminishes to ·03 second, leaving ·015 second as the period of latent excitation of the nerve-cell, which, as we have previously seen, is almost precisely the time of latent excitation of the cornual cells for an impulse passing down the pyramidal tract. Bubnoff and Heidenhain further demonstrated very characteristic differences between the muscular curves registered by stimulating the cortex and medullary fibres respectively. In the latter case the curve rises abruptly and is of short duration, whilst in the former it rises more gradually and is much more prolonged. These differences emphatically point to the independent excitability of the cortical cells as such. Ferrier's experiments showing the direct excitability of the anterior cornual cells are detailed below.

Though these facts put beyond a doubt the excitability of nerve-cells to direct stimulation, the usual and normal method of cell-stimulation in the human body is by impulses reaching the cell by means either of afferent fibres or (as in the case of the cornual cells in "voluntary" movements) of fibres derived from another motor-cell. In a few cases, however, the cells may receive a direct chemical stimulus from substances contained in the blood, as in the case of the medullary respiratory centre by CO_2, and in the varions pathological states where the blood contains some abnormal toxic body (uræmia). These, however, are exceptional occurrences, and the general rule is *that for a nerve-cell to generate an impulse, it itself must previously have received a stimulus in the form of a nerve-impulse*, derived either directly from the periphery per an afferent nerve or indirectly through fibres derived from other cells. As far as we can see at present these afferent stimuli, which are derived from the conversion of external forces—pressure, contact, light vibrations, etc.—into nerve-impulses by a mechanism at the periphery, are in all instances absolutely necessary to elicit nerve action. It has been held by many, and is still held by some, that nerve-cells may function as independent and automatic impulse-generators by virtue of an inherent resident power, and that in higher animals they are the only elements in the whole body possessed of such property. This view, however, is now practically abandoned by most physiologists, and there is no doubt that it is difficult or impossible to instance any cells possessed of genuine automaticity. The cells of the respiratory centre used to be considered as examples of automatic intra-cellular genesis of impulses, because the centre continues to discharge impulses along the efferent channels when all afferent stimuli have been cut off by section of every afferent tract. But this action of the respiratory centre is undoubtedly due to the chemical stimulation which the cells receive from the venosity of the blood circulating in the vessels of the medulla oblongata. This stimulus of the CO_2 practically amounts to an external stimulus applied to the nerve-cells, and is comparable to the application of an artificial chemical stimulus—such as salt—to the same part of the nervous system. The action of these nerve-cells cannot therefore be said to be truly automatic: in other words, the impulses do not arise *de novo*, without any obvious external cause, by the spontaneous action of the cell-substance. And we may lay it down as an axiom that no actions can be instanced which are not referable either to a chemical stimulus due to variations in the blood, or to stimuli reaching the centres from the periphery, or from some other part of the nervous system. The intramuscular cardiac ganglia were also once thought to possess an innate tendency to send out periodic rhythmic impulses, but it has now been shown that such periodicity of action depends more upon the muscle-substance proper than on the nerve-cells; for portions of a turtle's heart

near the apex, which contain no nervous elements whatever as far as can be ascertained microscopically, nevertheless persist contracting rhythmically for a considerable period after isolation from the rest of the heart-muscle.

We cannot, then, scientifically speak of the "spontaneity" or "automaticity" of nerve-cells, *i.e.*, *we cannot truly say that a nerve-cell can originate nerve-impulses within itself as the outcome of its own intrinsic changes.* For a nerve-cell will no more discharge nerve-impulses without an external stimulus than an "automatic" sweetmeat machine will discharge chocolate without some mechanical force to set the leverage machinery in motion. Even "volitional" acts, when not obviously an immediate reaction to environmental influences, are now regarded by most physiologists and psychologists as *not* due to a process which has been spontaneously incepted in cortical motor-cells, but as "disguised reflexes." We can often enough in given cases discern the antecedent stimuli, and where the spring of action is not at once determinable, psychological investigations have taught us that ento- or epi-peripherical impressions can always be found if sought for aright.

(To be continued.)

Sport.

Water Polo.

GUY'S v. RAVENSBOURNE S.C.

Played at Southwark on Friday, July 17th, and resulted in an easy win for Guy's by 5 goals to nil. We were without Wood, Barker and Slater, and owing to other men scratching, it was arranged to play six a side. Guy's defending the deep end first, pressed directly, and throughout had matters all their own way. Our goals were scored by Styer 2, MacLachlan 2, and Marshall 1. Team:—

Guy's.—C. E. Brown, G. Marshall, F. H. Hardy, J. L. Payne, A. Styer (capt.), and A. R. MacLachlan.

GUY'S v. NAUTILUS S.C.

Played at Southwark on Tuesday, July 21st, and resulted in a win by 4 goals to 3. We were pleased to see several prominent members of the staff present when Guy's started defending the deep end. Nautilus at once pressed considerably, and after some give-and-take play scored through H. F. Clark, but Slater soon equalized with a fine shot, and Brown adding another, the score stood at 2 to 1 in favour of Guy's at half-time. On resuming, Guy's pressed, and Payne scored after a fine dribble, but from a scramble in front of goal Nautilus rushed a second goal. After this, Slater scored again for Guy's and E. H. Payne for the Nautilus, the score standing at time at 4 to 3 in favour of Guy's. Team:—

Guy's.—H. M. S. Barker (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); A. Styer (capt.), A. R. MacLachlan and C. E. Brown (forwards).

FINAL TIE FOR THE INTER-HOSPITAL CUP.

GUY'S v. UNIVERSITY COLLEGE.

An easy win for Guy's.

By the courtesy of the members of the Bath Club, Piccadilly, the above important match was played off in their splendidly appointed swimming bath on Thursday, July 23rd, before a large assembly of ladies and gentlemen, including again several prominent members of the staff. Of the five other entries, our opponents, University College Hospital, was the only team who did not scratch. Although the other Hospitals have been playing friendly matches during the season, University have only been playing for a month, and great credit is due to them for their sportsmanlike behaviour in making such a plucky fight against our experienced team. From the commencement, the match went all in our favour, and when time was called, Guy's had made a record score for this competition, viz., 11 goals to nil. Our goals were scored by Wood 4, Styer 3, Marshall 2, Payne and MacLachlan 1 each. Team:—

Guy's.—H. M. S. Barker (goal); G. Marshall and G. D. Slater (backs); J. L. Payne (half-back); A. Styer (capt.), W. R. Wood and A. R. MacLachlan (forwards).

C. E. Macrae, referee. G. Simpson, goal scorer.

REVIEW OF THE SEASON.

The Water-polo team have had a most successful season this year, the results showing that 17 matches have been played, 13 having been won, 3 lost and 1 drawn, 80 goals being scored against 25.

Two very useful additions to the team have been made this year. Slater at back, and, later on, Barker in goal, have both shown good form, and helped us greatly towards our various successes.

It is only fair towards the club to say that in each of the reverses sustained, the team was never a full one, although the reserves in Hardy, Sells, Evans and Brown have always rendered a good account of themselves. As to individual play, Simpson in goal, in the earlier part of the season, did not maintain the form expected of him, and the acquisition of Barker has greatly strengthened the defence, some of his saves being quite characteristic of him. Marshall, Slater and Payne, the backs, have all been playing well, their long throwing being of great help to the forwards. Styer, Wood and MacLachlan, the forwards, have all showed good form; the former has been our chief goal-getter, and with his usual brilliant play has won many matches for us by his splendid shooting powers.

A glance at the goal scores shows that out of 80 goals Styer has scored 34, MacLachlan 13, Marshall 10, Wood 9, Payne 5, Slater 4, Simpson 3, and Evans and Brown 1 each.

Of the second team, only started this year, Evans, Hardy, Sells, C. E. Brown, Hardenberg, Traill and Greenfield have all come on immensely, and although several of the first team may have left us by next season,

there is no reason why with more practice the Cup should not remain with us for some time to come, with these men coming on to fill the vacant places in the team.

They have played 7 matches, won 2, lost 4, drawn 1 scoring 13 goals against 13. Results :—

			For.	Agnst.
May 15.	Grafton	Won	10	1
„ 19.	Old Askeans	Won	6	Nil.
„ 22.	Linden	Lost	3	4
„ 26.	Croydon	Won	3	Nil.
June 2.	Dreadnought	Won	5	Nil.
„ 4.	Oxford University	Won	4	2
„ 9.	City of Westminster	Lost	1	4
„ 15.	Oxford University	Won	4	2
„ 16.	Marcians	Won	7	Nil.
„ 30.	Grafton	Won	7	1
July 1.	Maidstone	Won	3	1
„ 2.	Cambridge University	Won	5	Nil.
„ 7.	Otter	Lost	Nil.	5
„ 14.	Linden	Draw	2	2
„ 17.	Ravensbourne	Won	5	Nil.
„ 21.	Nautilus	Won	4	3
„ 23.	University Coll. Hosp. (Hospital Cup Tie)	Won	11	Nil.

2nd Team.

May 15.	Grafton 2nd	Won	5	Nil.
„ 19.	Linden 2nd	Draw	1	1
June 5.	Goldsmiths' Institute	Lost	2	4
„ 12.	Anchor	Lost	1	3
„ 30.	Grafton 2nd	Lost	Nil.	1
July 9.	Anchor	Won	3	1
„ 14.	Linden 2nd	Lost	1	3

The following have been awarded their swimming "Blues" for this season :—A. Styer, G. Marshall, W. R. Wood, J. L. Payne.

Guy's Hospital Rifle Association.

The Newton-Pitt Challenge Cup was won by G. G. Ellis. The three handicap prizes were won respectively by G. G. Ellis, S. Hodgson, and G. Bedford, and the range prizes, also a handicap, by T. R. Beale-Brown at 200, D. Forsyth at 500, and G. Bedford at 600 yards.

Guy's Hospital "Blue."

(Official Communication).

At a meeting of the "Blues" committee the following "Blues" were awarded :—

Association Football.

G. Ford. A. E. Longhurst.
R. W. Hall. G. Marshall.
H. A. Higgens. W. G. Palmer.

Rugby Football.

H. V. Bagshawe. F. D. S. Jackson.
H. N. Clarke. W. P. Gwynn.
F. G. Gibson. H. G. Rashleigh.

Cricket.

1895.

A. E. Clarke. E. D. Hancock.
F. R. Featherstone. L. Humphry.
E. G. Goddard. P. D. Hunter.

N. Lavers.

1896.

H. M. Barker. W. G. Palmer.
E. Cohen. K. V. Trubshaw.
H. Durbridge. F. C. Wetherell.

The Swimming Club.

G. Marshall. A. Styer.
T. L. Payne. W. R. Wood.

Acknowledgments. — St. Bartholomew's Hospital Journal; St. Mary's Hospital Gazette; St. Thomas' Hospital Gazette; St. George's Hospital Gazette; Hermes (Sydney University Medical Journal); Pediatrics and The Cycle.

Births.

CARRELL—On July 24th, at Woodlands Road, Ilford, the wife of G. N. P. Carrell, L.R.C.P. Lond., F.R.C.S., of a daughter.

LUCAS.—On July 27th, at Wimpole Street, W., the wife of R. Clement Lucas, B.S., M.B., F.R.C.S., Surgeon to Guy's Hospital, of a son.

Marriages.

BARR—BOYD.—On May 20th, at St. Peter's, Takapuna, Valentine Herbert Barr, M.R.C.S., L.R.C.P., L.S.A., youngest son of the late Francis George Barr, R.N., of North End, Portsmouth, to Eugeine, eldest daughter of George Boyd, R.N., of Strathmartin, Lake Takapuna, Auckland, New Zealand.

COLLEY — WATTS. — On June 2nd, at St. Jude's, Oudtshoorn, Cape Colony, Courtenay Colley, M.R.C.S., L.R.C.P. Lond., of Ladismith, to Mrs. F. A. Watts, daughter of George King, Esq., of Oudtshoorn.

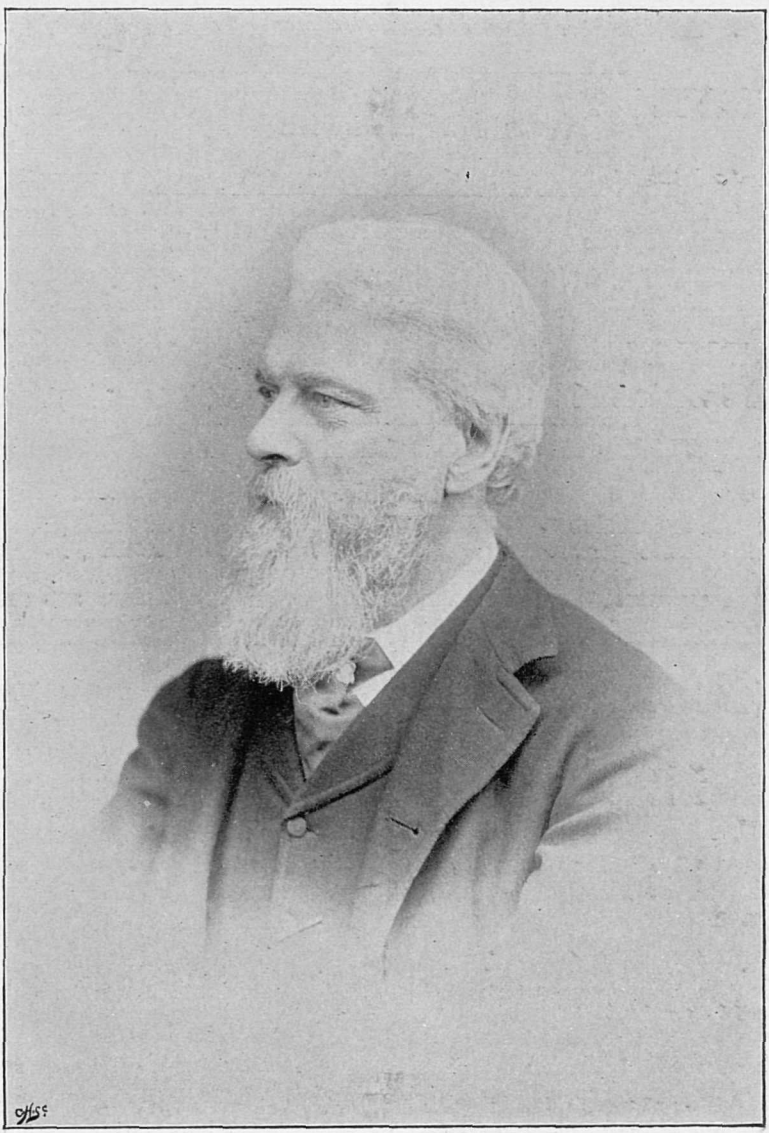
RANSFORD—WILLIAMSON.—On July 22nd, at St. James' Church, Birch-in-Rusholme, Manchester, by the Ven. Archdeacon Anson, Vicar of Birch-in-Rusholme, and the Rev. David Ellison, Rector of All Saints, Chorlton-on-Medlock, John Ernest Ransford, M.R.C.S., L.R.C.P., of Freemantle, Southampton, to Jane, third daughter of the late Henry Merrill Williamson, M.R.C.S., L.S.A., of Manchester.

Deaths.

BRETT.—On July 11th, at Watford House, Watford, Herts, Alfred Thomas Brett, M.D., C.C., aged 68.

PHILLIPS.—On July 22nd, at Wimpole Street, Henry Astley Phillips, M.D., of Gravesend, aged 40 years.

Ed.—F. E. F.



From a Photograph by *Messrs. MAULL & FOX, Piccadilly.*

LORD ALDENHAM.

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Calendar of Coming Events.

Aug. 22.—Mr. Golding-Bird's (Mr. Dunn's) take-in; D., E. W. S. Hall and S. H. Longhurst; Cl., F. G. Thomas; H.S., E. E. Henderson; H.P., A. Salter.
" " Garden Fête and Sports on behalf of Guy's Hospital at St. Olave's Grammar School Cricket Ground, East Dulwich Grove.
" " G.H.L.T.C. v. Boundaries at Honor Oak Park.
" 26.—Mr. Howse's take-in; D., A. R. Adams and M. H. Thornely; Cl., F. G. Thomas; H.S., T. M. Thomas; H.P., A. P. Beddard.
" 31.—Library re-opened.
Sept. 5.—October Appointments list closed.
" " Gazette issued.

Guy's Hospital Gazette.

AUGUST 22, 1896.

The late President of Guy's Hospital, Lord Aldenham.

In our last number we announced the resignation of the Treasurer of the Hospital and the appointment of a successor in his place. This change has taken place at the same time, approximately, as a change in the presidency of the Hospital, and in our present issue we publish a photograph of our late President, whose retirement has hardly received sufficient notice in these columns.

Mr. Henry Hucks Gibbs, as he was known until the beginning of this year, is of an old family stock that traces its beginning to the time of Richard II., and its high reputation in the City to the foundation of the famous merchant-banking firm of "Antony Gibbs and Sons" by his grandfather, in 1808. It was this same Antony Gibbs who married a Miss Dorothea Hucks, and so acquired the estates of Aldenham in Hertfordshire, Clifton Hampden in Oxfordshire, and other estates in Hertford, Oxford and Berks. Lord Aldenham was born in the year 1819, and educated at Rugby, under Dr. Arnold, and at Exeter College, Oxford. After taking his degree with third-class honours in 1841, Mr. Hucks Gibbs entered most actively into various spheres of work, while his chief energies were centred in monetary questions, on which he has gradually become one of the greatest authorities. Then he has served on four Royal Commissions—those on the City of London Charities, the Depression of Trade, the Stock Exchange and Mining Royalties, and in 1878 was chosen, in conjunction with Mr. Goschen, to represent Great Britain at the International Monetary Conference. It was on this occasion that Mr. Hucks Gibbs acquired his belief in International Bimetallism, of which he has become one of the main supporters, and soon after his return from Paris he became President of the Bimetallic League. His letters, papers and speeches in this behalf are well-known, and he has written a book on the subject entitled "The Bimetallic Controversy."

But in other departments of public life Lord Aldenham has played a conspicuous part, as may be seen from the list of his duties at the present time. He is a J.P. for Herts and Middlesex, and on the commission for the Lieutenancy for the City of London. He has been a Director of the Bank of England since 1853, and served as Deputy-Governor in 1873, and Governor in 1875–6. He is a member of the House of Laymen for the Province of Canterbury, one of the Council of the Church House, a member of the Council of Keble College, Oxford, of which his family have been the chief benefactors, and Vice-President of the Roxburghe Club, with Lord Salisbury as President. He has edited some of the publications of the Early English Text Society, and of the Roxburghe Club, while his benefactions, generally known only to their recipients, include the Screen at St. Albans Cathedral and the restoration of Aldenham Church.

Mr. Hucks Gibbs also sat in Parliament as representative of the City of London, in which position he is now succeeded by his eldest son, Alban George Henry Gibbs. His second son, Mr. Vicary Gibbs, sits for the St. Albans division; and his third, Mr. Herbert Cokayne Gibbs, is well known as Vice-Chairman

of the Standing Committee of the Bimetallic League, of which the elder sons are Vice-Presidents.

Finally, it interests us most to know Lord Aldenham's intimate connection with Guy's Hospital.

He became a Governor of the Hospital in 1873, and in 1880 became President in the place of Lord Cardwell, who had in turn succeeded Lord Lawrence. It was no bed of roses into which the new President had fallen, and he found himself face to face with a network of difficulties that seemed likely to endanger the very existence of the Hospital and Medical School. The present flourishing state of both institutions is sufficient proof of the success of Lord Aldenham's presidency. In 1886 the Hospital set to work to raise £100,000, towards which the President himself and his firm and family contributed most liberally; and again in February last he was the first Governor to assist the Re-endowment Fund, subscribing 1,000 guineas. It was he too with Mr. Cohen that started the subscription on the Stock Exchange which eventuated in the handsome donation of £10,500. Throughout he has proved himself an excellent man of business, his name and advice have at all times been at the service of the Hospital, and proved most beneficial, and while it is with regret that we record his resignation of the Presidency of Guy's, it is with thanks and gratitude that we look back upon the sixteen years during which he has been the figure-head of the Hospital.

Some Experiences in the Surgical Out-Patient Room of a Children's Hospital.

TWO CLINICAL LECTURES BY MR. ARBUTHNOT LANE.

Continued from page 334.

Another child comes into the room. She is about eight years old, and her mother complains that her right shoulder is growing out, and her ankles are weak. You inquire of the mother as to the number of her family, and she tells you that she has had nine children in rapid sequence, and that though they are all alive, they are feeble and delicate. She says that up to her marriage she lived in the country, where she was healthy and robust; but that her frequent pregnancies, anxiety about her children's health, limited accommodation, and very small means had reduced her to the wreck she now is. When asked if she takes any pleasure out of her children, she seems to regard them solely in the light of anxieties, and an infliction necessarily associated with matrimony. She has tried to make her elder daughters servants, and then factory girls, for both of which occupations they proved themselves physically unfitted. Now they earn a precarious livelihood as sempstresses. All her children suffer from weakness of the spine and ankles.

You look at the child, and notice that she is thin and frail, and that she occupies a listless position, supporting her weight almost entirely on the right leg. You examine her boots, and see that they are trodden down on the inner side, especially about the heel. They are pointed in the manner so attractive to members of the female sex as long as they pay any attention whatever to their appearance, and the worn-down heels are narrow, and so placed as to lie considerably anterior to the heel of the foot. This style of boot has produced in this child the form of foot which I have described to you as a typical female variety. The great toe is forced outwards, and the head of the first metatarsal bone appears to project inwards. The second toe occupies a form described as hammer-toe, being jammed into this position by the displacement outwards of the great toe and the inward displacement of the three outer ones. The high heel, placed as it is beneath the centre of the foot, has necessitated the transmission of almost all the weight of the body through the compressed and deformed anterior portion of the foot; and, as a natural consequence, the mechanically impaired foot readily wearies, and occupies the "position of rest" or of abduction, a posture described by the vulgar as "flat foot." What can be more tiring or more wearying than wearing such instruments of torture? And how disinclined they must make the wearer to lead a vigorous active existence! Only women who can afford to drive everywhere can afford to wear them. Unfortunately the poor mimic the rich, forgetting that their mechanical relationships to their surroundings differ very widely indeed. Do these people receive any instruction on such a simple, and yet how important, a thing as the physiology of the foot? No, there is too much of no practical interest whatever that has got to be introduced into their brains to permit of time being utilized for such a valuable purpose.

As we already noticed, the patient possesses, in a condition of fixation, the resting posture which is assumed by the normal child when standing on the right leg; or, in other words, the "asymmetrical resting posture" of the

trunk. It is usually described by the meaningless terms lateral curvature or scoliosis, which, like flat foot, have no connection with the condition, and do not in any way suggest its causation. In other words, they are not up to date. The asymmetry of the trunk is largely dependent on the depreciating influence exerted upon the feet by the boots, but both come about chiefly in a manner to which I will now call your attention.

Let us expose the thorax and abdomen, and you notice that the chest is flattened from before backwards, and that it does not appear to move during respiration. Pass a tape around the chest, at the level of the nipples, and you find that the variations of the measurements between inspiration and expiration do not exceed a sixteenth of an inch. Observe the abdomen, and you see that what breathing there is is of a most superficial nature, and is practically entirely diaphragmatic. I would remind you of the subject matter of one of my anatomical lectures given last winter. In it I showed you that inspiration, as carried on by the diaphragm, is a more perfect reflex, and makes much less demand upon the capital energy of the organism than does inspiration produced by the intercostal muscles; that for this reason during our resting positions and during sleep the oxygenation of the blood and the removal of the carbonic acid from the lungs is carried on by the unaided action of the diaphragm; that old people whose chests, like the rest of the skeleton, have become fixed in symmetrical attitudes of rest depend almost, if not entirely, on the action of the diaphragm, and that feeble children with very little energy and vitality only obtain such an interchange of gases as results from the more or less regular contraction of this muscle.

I showed you that owing to the great differences in form that exist in the thorax in the two sexes, the diaphragm plays a much less important part in the female than in the male, and that a dependence on the diaphragm also is fraught with much more damage to the female child than to the male. This you will readily verify if you examine the several children. Anatomists with wonderful obtuseness do not seem to have observed these important variations in the anatomy of the thorax in the sexes with the most important points of physiological and hygienic interest which arise out of them, and even when they have been pointed out to them they do not seem to attach to them the importance they deserve. They have discussed for a long time the mode of action of the intercostal muscles, and many fallacies have arisen in what is practically a very simple matter, owing to a want of recognition of physical conditions. Attempts have been made to induce you to believe that there is any similarity in the mechanism of respiration and the influence exerted by rubber bands sloping in the direction of the intercostal muscles on two parallel bars which represent the ribs, which move on pivots upon two other parallel rods which represent the spine and sternum respectively, and as the result of this experiment the internal intercostal muscles are said to be expiratory, and the external inspiratory.

I will confine myself to criticising this particular experiment only. The fallacy involved in it consists in assuming that the movement of the ribs and sternum is the only change that takes place in respiration, and that the spine is a rigid rod. Now, I will show you that the variations in the curves of the spinal column in the positions of extreme inspiration and expiration are much greater than the variations in the movements of the ribs upon the vertebra, and that these movements are eventually dependent on one another. Observe a child in the active position of extreme inspiration, and you see that the dorsal spine is extended to its utmost, each vertebra moving upon that beneath it around a transverse axis, so that a vertical line dropped through that axis tends to get as far as possible behind in a vertical antero-posterior plane, a vertical dropped through that of the vertebra below. Look at the same subject in the passive position of extreme inspiration, and you find the dorsal spine is flexed to its utmost, each vertebra moving on that beneath it around a transverse axis, so that a vertical line dropped through that axis tends to get as far as possible in a vertical antero-posterior plane in front of a vertical dropped through that of the vertebra below.

The variations in the position of the dorsal vertebræ absolutely as well as relatively to one another, in a vertical antero-posterior plane, are very great indeed. Each pair of ribs attached to each vertebra follows its movement in the same plane, so that the point on one rib which lies immediately above that on the ribs immediately below in complete inspiration lies considerably anterior to it in complete expiration, the reverse being true in the transition from the position of expiration to that of inspiration. As the internal intercostal muscles slope downwards and backwards their points of attachment are

nearest in extreme inspiration, while those of the external which slope downwards and forwards are nearest in extreme expiration. *Therefore we see that the external intercostal muscles are muscles of expiration and most powerful flexors of the dorsal spine, while the internal intercostals are muscles of inspiration and the most powerful extensor muscles we have of the dorsal spine.* All this, I showed you, was borne out in a most interesting and lucid manner by the examination of the bodies of labourers. I need hardly impress on you the importance of the knowledge that the internal intercostal muscles are by far the most powerful extensor muscles of the dorsal spine in the body, and that in the production of this extension of the spine they, by the associated movement of the ribs, increase the capacity of the thorax, and that the reverse is true also about the external intercostal muscles.

I would also point out to you that while the external intercostal muscles flex the spine and produce actively the position of the chest called extreme expiration, this position as one of rest is brought about solely by the inaction of the internal intercostal muscles. Therefore, during the assumption of this position the muscles and ribs exert no leverage action upon the vertebræ connected with them, nor oppose their rotating around an antero-posterior axis as they do when the body is supported on only one limb. The asymmetrical posture of rest of the trunk is associated of necessity with the position of rest of the thorax, namely, that of expiration, and it is impossible to obtain any rotation of the bodies of the vertebræ and the consequent existence of any lateral curvature of the spinal column when the chest is in a position of extreme inspiration, or, in other words, when the spine is completely extended by the active contraction of the very powerful internal intercostal muscles. The knowledge of this important fact in the physiology of the normal skeleton supplies us with the clue to the measures we should adopt in the treatment of the fixed condition of the normal asymmetrical resting attitude of the trunk, which is commonly, and to my mind stupidly, described as lateral curvature, or, worse still, scoliosis.

The indications for treatment are as follows:—

1. By making the child inspire forcibly to its utmost you exert upon the spine by means of the intercostal muscles and ribs such force as is exerted when the normal individual changes from the asymmetrical posture of rest of the trunk to the symmetrical active erect posture. Therefore, it is obvious that in attempting to overcome the fixation of the resting position we must adopt the same mechanism.

2. By making the child avoid the assumption of the asymmetrical posture of rest of the trunk. By causing the child to use for certain periods of the day the muscles of inspiration and expiration to their utmost capacity, not only do you bring into action the only mechanical arrangement we possess for restoring the resting dorsal spine to the symmetrical active position, but you supply it with a very much larger quantity of oxygen than it has been in the habit of obtaining, and you remove very thoroughly the carbonic acid. In fact, by ventilating the lungs you are supplying the tissues of the body generally with a large proportion of oxygen, an element of vital importance in enabling them to perform their functions normally. Beyond such attention to the respiratory function by means of which you supply the child with energy as capital, avoid at first making any great demand upon that capital as expenditure. I mean that you must not tire your patient by making her perform exercises other than those she is easily fitted to perform. The tissues in the most feeble can have their nutrition improved by massage without wearing. To cause your patient to make any demand upon its small capital by going through muscular exertion without attending to the supply of oxygen is practically to starve your patient still further than is already the case. There is no branch of surgery in which quackery and humbug are more rampant than in the treatment of this asymmetrical resting posture, chiefly for the reason that the large majority of the members of our profession are unable to understand thoroughly the causation of the condition. Once they have grasped the physiology of the normal resting posture, they will learn to treat these cases themselves on sound scientific principles. I would not so much object to an unscientific treatment of the fixed normal resting posture, as good results in most cases, but I do decidedly object to cases of spinal caries being punished and hopelessly damaged by these means. Such cases are constantly coming under our observation.

This child presents another condition, of which you will see innumerable examples in the out-patient room. As you watch her breathe, you notice that her mouth remains open, and that the upper lip and teeth project forwards considerably below the level of the lower. In her ears you notice plugs of wool, and the mother tells you that earlier in life both ears

discharged, and that at intervals when the child catches cold the discharge returns. On opening her mouth the palate is found to be very high, and the upper jaw narrowed very considerably in its transverse diameter. On inquiry you gather that this is a formation common to all the female members of this family. The mother tells you that the children suffered early in life from colds, which became chronic, and left them depreciated in hearing capacity, that several had suffered from inflammation and discharge from the ears, that they snored at night-time, and were greatly troubled with their tonsils. Two had had operations for adenoids, and one had had the tonsils excised. These operations had afforded some temporary relief in one case, but in the other inflammation and discharge from both ears followed immediately after, and a considerable discharge from the nose. The older girls, she says, have grown out of it, and are only troubled when they catch cold, when they become deaf. One cannot breathe through her nose at all, and at times suffers from a profuse watery discharge. She attended a throat hospital, where she had had a bone, presumably the inferior turbinated, cut out of each nostril. She breathed a little better for a time, but soon relapsed. She is now being treated with the electric cautery. The mother speaks disparagingly of the treatment, and says that by the time she recovers from the pain and aggravated obstruction brought about by one application, it is time for her to undergo another, and she has to submit to the painful consequences over again. Her story, as she tells it, makes you wonder why she should come to you for advice, since her little family seems to have suffered much at the hands of surgeons. Surgery certainly does not seem to have impressed her very much, and she has all our sympathy. She and hers are victims of over-specialisation, but the chief sinner is again the State as represented by our miserably unsatisfactory and inefficient educational system.

Let us consider this last trouble, and examine its causation and pathology. As I told you, the child—badly fed, both as regards the food put into its stomach as well as into its lungs—suffers constantly from the inroads of organisms, one evidence of which is so-called cold in the head. There are situated, as you know, in the roof and posterior wall of the pharynx a diffused mass of lymphatic glandular matter. This is covered by mucous membrane, which pockets into its substance. Again, in the faucial aperture are the tonsils, similar in structure but thicker and more circumscribed. Again, in the neck there are a number of lymphatic glands which receive much of their supply from these pharyngeal and faucial glandular collections.

Now, a child gets a cold in its head. This means that the mucous membrane with the pharyngeal lymphatic tissue become swollen and inflamed, probably owing to the presence of organisms and their products. The mucus present in the nasal and naso-pharyngeal cavities assists in blocking the passage, so that air is unable to pass readily through it.

When the catarrhal condition subsides, the enlargement of the pharyngeal lymphatic tissue interferes with the passage of mucus from the nose into the pharynx, consequently it accumulates. Organisms grow in it, and it sets up further irritative change in the pharyngeal tonsil. It often runs out of the anterior nares, and irritates and inflames the orifice. The Eustachian apertures are often blocked, mucus being dammed back in the middle ear and antrum, and if the membrana tympani be already perforated, the discharge from the middle ear escapes into the meatus instead of into the pharynx. The occlusion of the orifice of the Eustachian tube frequently produces an acute inflammation of the middle ear, followed by perforation of the membrane, and probably a chronic purulent otitis, or worse still, a more chronic inflammation, which leaves the membrane forcibly retracted, and the hearing capacity impaired to a degree usually largely in excess of that which exists in the chronic purulent variety, and without the same possibilities of improvement.

The faucial tonsils are frequently infected secondarily, and in the same manner. They become large, help to impede the passage of air through the only portal remaining. The lymphatic glands in the neck become swollen and inflamed, and if they do not subside very shortly, tubercular organisms too frequently find in them an area of depreciated vitality, in which they readily establish themselves, and from which they are often difficult to expel.

A considerable proportion of the cases of tubercular glands in the neck which abound in our out-patient room owe their origin primarily to a nasal catarrh. Since the enlargement of the pharyngeal lymphatic tissue has been observed by surgeons, it seems to have been regarded as the primary source of trouble in these cases, and a bloody and unpleasant operation for its partial removal has become very prevalent indeed. That this operation, like excision of

the pharyngeal tonsils, is frequently of service one would not pretend to deny, especially in the case of poor people, who are unable to pay such attention to their children as is necessary, and who are unable to place them under favourable conditions and in very young children. The patient derives frequently a temporary alleviation from the operation, but in the majority of cases the cause not having been removed the effect again reappears. In not a small proportion of cases the patient suffers from instead of benefiting by the operation.

This treatment is obviously unscientific. Certainly in private practice it is in most cases quite unnecessary in my experience, and by itself comparatively useless. The obvious indication is to remove the source of irritation when the effects which result from it, if not already contaminated by tubercle, readily disappear. Establish a through passage for the air ventilating the nares and naso-pharynx, removing the organisms and their products, and stimulating the mucous membrane from a condition of fulness, vascular relaxation, and enlargement to its normal healthy condition. This can be done by patiently teaching the child to make deep inspiratory and expiratory efforts through the nose, the mouth being closed as already described when considering the asymmetrical resting posture of the trunk. As the mucous membrane of the nasal cavities becomes more healthy, so the pharyngeal and faucial masses of lymphatic tissue regain their normal condition and size. The presence of the current of air through the nose and pharynx is a necessary factor not only to their development, but to the development of the upper, and to a corresponding though lesser degree of the lower, jaw.

FINIS.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Philip	17.	Aortic and mitral disease.
	19.	Aortic, mitral and tricuspid disease.
	36.	Bronchitis. Albuminuria. Œdema. ? Cardiac.
Mary	9.	Mitral stenosis and regurgitation.
	13.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	14.	Mitral stenosis and regurgitation. Acute rheumatism.
Mary	23.	Aortic and mitral regurgitation. ? Pericarditis.
Stephen	9.	Aortic and mitral regurgitation.
	32.	Mitral stenosis and regurgitation. Pericarditis.

Nervous System.

Philip	5.	Peripheral neuritis. Bronchitis and emphysema.
	16.	Paraplegia. ? Cause.
	24.	? Gummatous meningitis.
	27.	Cerebral syphilis.
	34.	Syringo-myelia.
Mary	10.	Peripheral neuritis. Alcoholic.
	29.	Left hemiplegia.

Alimentary System and Abdomen.

Philip	1.	Enlarged spleen and anæmia. Leuchæmia.
	2.	Simple colitis.
	3.	Gastric ulcer. Hæmatemesis.
	12.	Enlarged liver and spleen. Ulceration of legs.
	14.	Enlarged liver and jaundice. ? Cirrhosis.
	32.	Stricture of œsophagus.
	37.	Cirrhosis. Ascites.
Mary	4.	Chronic peritonitis. ? Growth.
	7.	Typhoid fever.
	21.	Gastric ulcer. Thrombosis of femoral artery.
	32.	Carcinoma of stomach.
Stephen	4.	Ascites. Enlarged liver. Ague.
	8.	Abdominal tumour. ? Hæmatoma. ? Tubercular.
	23.	Acute abdominal pain. Vomiting and hæmatemesis.
	24, 39.	Appendicitis.
	33.	Typhoid.
	40.	Dysentery.

Respiratory System.

Philip	4.	Right pleuritic effusion.
	13.	Empyema.
	20.	Acute pneumonia.
	40.	Phthisis. Laryngitis.
Mary	15, 27.	Phthisis.
	17.	Acute pneumonia.
Stephen	5.	Mitral stenosis and regurgitation. ? Adherent pericardium.
	6.	Mitral stenosis. Emphysema and bronchitis.

Genito-Urinary System.

Philip	7.	Acute nephritis.
Mary	3, 22.	Subacute nephritis.
Stephen	2.	Tubal nephritis. Right pleuritic effusion.
	21.	Granular kidney.

Miscellaneous.

Philip 8, 23. Acute rheumatism.
15. ? Addison's disease.
26. Chorea.
31. Sciatica.

Mary 1. Epistaxis.
16. Osteo-arthritis.
19. Addison's disease.
25, 33. Acute rheumatism. Hæmic murmurs.
30. Diabetes.
35. Chorea. Acute rheumatism. Mitral stenosis and regurgitation.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman 8. Anal ulcer.
9. Hæmorrhoids, internal and external.

Cases under Mr. Davies-Colley.

Lydia 6. Englarged glands in axilla.
7. Cleft palate.
9, 10. Fractured femur.

Luke 4. Enchondroma head of fibula.
5. Hip-joint disease.
8. Varicose veins.
10. Tuberculous testicle.
13. Necrosis of humerus.
14. Tuberculous elbow-joint.
21. Injury to head. Spastic paraplegia.

Cases under Mr. Lucas.

Accident 7, 11, 16, 24. Fractured tibia and fibula.
13, 19. Fractured femur.
17. Dislocation of hip into dorsum ilii.
20, 22, 28. Concussion.
31. Crushed arm. Amputation at shoulder.

Lydia 12. ? Adeno-sarcoma mammæ. ? Carcinoma, etc.
14. Multiple nævi.

Job 3, 4, 5,19. Inguinal hernia for radical cure.
5, 17. Varicocele.
9. Vesical calculus. Suprapubic lithotomy.
20. Epithelioma labii.
21. Malignant glands in neck.

Charity 1. Glandular abscess in neck.
2. Carcinoma mammæ.
4. Hammer toe.
5. Necrosis of phalanx of great toe.
21. Congenital inguinal hernia.
22. Varicose veins and ulcers for ligature of internal saphenous vein.

Cases under Mr. Golding-Bird (Mr. Dunn).

Martha 8. Rachitis. Genu valgum.
17. Disease of anus.
22. Hip-joint disease.
Cot. Hip-joint disease.
Cot. Hare-lip.

Lazarus 4. Old infantile paralysis. Talipes equino-varus of right foot, calcaneo-valgus of left foot.
5. Varicose veins.
6. Sarcoma of thigh (? of vastus internus muscle).
11. Epithelioma of floor of mouth.
12. Necrosis of scapula.
13. Varicocele.
16. Epithelioma penis.
19. Bubonocele.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Aquatics.

Dear Sir,—The four-oared race, referred to by your correspondent of last week, is an inter-hospital event of long standing in which in former years Guy's played no mean part. It is arranged by the committee of the United Hospitals' Rowing Club, which has never failed to inform us of its movements, despite numerous letters to our Boat Club secretary, which have usually remained unanswered, since the club has ceased to exist.

Whatever the original reason for our retirement from the race, we can have but little cause to regret our non-appearance under the present conditions, the race being virtually one between scratch crews of old 'Varsity oars, untrained and shockingly badly boated, the majority of whom no longer row save for, perhaps, a fortnight before the annual race.

I venture to think that the practical difficulties in the way of there ever being flourishing hospital rowing clubs are insurmountable, as it is impossible for men here to give time to learn to row or even to keep up their rowing learnt elsewhere.—I am, etc., O. U. B. C.

Out-Patient Abuse.

Dear Sir,—We hear and read a great deal nowadays about hospital out-patient abuse. May I point out one form of this abuse in which harm is often done to practitioners, and so indirectly to the students and the hospital? I take it as generally recognised that one of the functions of the hospital is to act as a teaching centre, and that not merely to the students for the time, but in certain cases, at any rate, to the profession at large. Now, it frequently happens that the practitioner has cases where a consultation is desirable, but the patient is quite unable to pay for it; here it seems reasonable that the hospital should take the place of the consultant, and thereby both patient and practitioner be benefited. Again, in return as it were, the practitioner often sends cases to the hospital which are interesting and instructive to students. In both classes it not

infrequently happens that the patient is both willing and able to return and pay his own doctor for further attendance, but is prevented by the hospital, which quite unnecessarily absorbs the patient, and so prevents the practitioner from improving either his income or his experience. This, I feel sure, is more often due to want of thought than any other motive, and so I hope that this reminder—which is intended chiefly to men holding junior appointments, and who often mechanically utter the words, "Come again in a week," as they hand the patient his book—will serve to remove one cause of the overcrowding and abuse of our out-patient department.—I am, sir, yours faithfully, G. P.

Puerperal Eclampsia.

Dear Sir,—Puerperal eclampsia and its treatment, from its terrible suddenness and peculiarly painful surroundings, must always have a fascination for the general practitioner. The proper treatment of emergencies is just that part of the practice of his profession which a general practitioner, especially if living in the country, should always be studying and keeping clean from rust. On no question, therefore, is it more essential than that quite definite teaching should be given, and a clear and concise course mapped out for action. The fewer the methods for the treatment of an emergency the better. Let it be decided once and for all what is the *best* method in any given emergency, and let all be taught it and the principles upon which it rests.

In the treatment of puerperal eclampsia one guiding star always shines through the surrounding mist—the administration of chloroform. Before anything else is done—even an examination made—give chloroform. There is such an universal accord on this point that one's regret at the subsequent discord is only the more poignant. Why this sweet accord over the first step in the treatment of this malady and then this clamour of *conflicting methods over the next*? Because we are acting upon a definite principle—an experimentally confirmed principle—when we give chloroform. Each man acts upon some hastily-formed theory of his own or others in taking the next. It would occupy too much of your space to discuss what methods have been carried out with varying success. There is a very full paper on the subject by Dr. Manby in the Guy's Reports, I think for 1893.

In the Guy's Gazette for March 31st, 1894, I was guilty myself of acting upon a hastily-formed theory, but it was a treatment so thoroughly successful that I want to direct Dr. Ryle's attention to it. My theory—picked up somewhere, no doubt—was this, that in puerperal eclampsia you have a poison acting upon the convulsive centre—may there be such, for my poor theory's sake. Dilute the poison and perhaps the convulsions would cease. Not that by doing so you would diminish the amount of poison in the system—bleeding might do that—but you would diminish the *dose* flowing through that centre at any given moment; in this bleeding fails. Acting on this, I diluted my patient's poison with saline injections, with a result those who care to look up the case may read. Subsequently, too, I gave an injection of morphia, and I fail to see why not. Give your patient rest from her convulsions. Her kidneys will act all in good time. You are not dosing a patient whose kidneys are diseased past all power of elimination. In twenty-four hours my patient passed a gallon of urine. You must give rest and allay this perhaps universal tetanic condition at all costs. Very likely saline transfusion plus continuous chloroform would act as well as transfusion plus morphia, but I do not think we need dread morphia in such cases. I believe Sir William Broadbent recommends morphia even in ordinary uræmic convulsions if the pupils are dilated. I have never tried it, but in young subjects, say, in convulsions during scarlaterial nephritis, I should not expect any result save a good one.

Now, concerning pilocarpine, I would indeed say Beware! It acted upon my patient's bronchial tubes in such a way that she was almost drowned in her own secretions.

I am sorry to have troubled you at such a length, but I hope some day to hear of a successful follower of my experience.—Yours truly,

Liss. H. E. COUNSELL.

The Sins of the State.

Sir,—General practitioners, especially those of us whose work lies in the thickly populated districts of London, must thank Mr. Lane for his outspoken remarks upon the subject of the physiological education of the people. But there is one point, and that a very important one, upon which I should like humbly to suggest that he is in error. Mr. Lane throws the whole blame for the present distressing condition of affairs upon the State. Does he expect the State by a kind of intuition to develop right ideas concerning the sanitary and physiological laws which rule our daily life and inevitably bring punishment upon those who ignore and transgress them? I maintain that it is we members of the medical profession who, by the mystery and humbug in which, in the past, we have buried our little knowledge, are responsible for the ignorance of the people. The State in this country is merely an association of individuals for whose medical and physiological education we alone are responsible, and if we have neglected this work of education we cannot blame the State for its ignorance and inaction. Mr. Lane brings up the question of the limitation of families. What, may I ask, is the teaching of the medical profession upon this most important subject? How many of us are in a position to answer definitely, taking into consideration all the moral and physiological points involved in it, the question often put to us "How can I put a limit to the number of my

children?" If we have no guidance to give in matters upon which we alone are qualified to speak with authority, it is scarcely fair to blame the State for its apathy.

A solitary case of Asiatic cholera turns up at one of our ports and everybody is excited about it. The papers are full of it. The State investigates it; and it is some time before we hear the end of it. A thousand children die, in London alone, of acute diarrhœa, in a fortnight, and nobody cares. Who is to blame? I would suggest that it is our duty, as a profession, to devote some of our time and energy to the education of the people, and the formation of a healthy public opinion upon matters, which are, perhaps, of more importance to the welfare of the State than the indefinite multiplication of anti-toxins. Mr. Brudenell Carter, in his letter to the *Lancet* of August 8th, throws out the suggestion that a journal be started, conducted by medical men of distinguished position and literary ability, addressed to the public from the profession, and to which, I judge, he would admit articles by leaders of thought in all its branches bearing upon the semi-medical and social subjects discussed. In this way we might hope to extend our influence, and, at the same time, widen our own mental horizon, and the medical education of the people would no longer be in the hands of the *Echo* and the *Family Doctor*. Apologising for the length of this letter,—I beg to remain, yours faithfully,

WILLIAM F. CLARKE.

London, 15th August, 1896.

Skin Discolouration.

Dear Sir,—Some months since I had the misfortune to fall face downwards on a cinder path, and made a nasty jagged cut on the bridge of my nose. The wound was washed at the time, and has long since perfectly healed. There is no scar, and the surface is quite smooth, but there remains a blue discolouration in or under the skin. I presume it may either be the bruised tissues, or the presence of fine coal dust or sand, such as is seen in the faces of coal miners who have met with accidents, or in the faces of sportsmen who have been marked by gunpowder. I should be obliged by any suggestions as to the best way of restoring the skin to its original colour.

The Services.

(*From our Correspondent*).

INDIAN MEDICAL SERVICE.

The following candidates for Her Majesty's Indian Medical Service were successful at the competitive examination held in London on the 7th inst., and following days:—A. A. F. M'Ardle, 3,005 marks; J. M. Woolley, 2,988; C. A. Lane, 2,903; W. H. Kenrick, 2,740; T. B. Kelly, 2,595; C. H. S. Lincoln, 2,560; G. A. F. Sealy, 2,546; J. H. Hugo, 2,526; R. Bryson, 2,418; E. F. E. Baines, 2,391; R. H. Price, 2,383; C. H. Watson, 2,366.

THE ARMY MEDICAL STAFF.

The following is a list of successful candidates in order of merit for commissions in the medical staff of Her Majesty's army at the recent examination in London:—G. E. F. Stammers, 3,018 marks; C. F. Wanhill, 2,643; W. E. Hudleston, 2,345; M. P. Corkery, 2,254; L. Addams-Williams, 2,215; M. M. Rattray, 2,209; F. J. Gaine, 2,102; J. H. Power, 1,979; R. E. Phillips, 1,959; E. W. Bliss, 1,934; W. E. P. V. Marriott, 1,926; T. H. M. Clarke, 1,907; J. G. Berne, 1,804. These marks are allotted under the new scale of marking. This is not the case with the candidates for the Indian Medical Service, whose papers are marked on the old scale. Referring to the new scale of marks for the Army Medical Staff, the *Morning Post* of August 18th says: "Truly an excellent syllabus for testing the qualifications of our future military surgeons if a sufficient number of the right sort of candidates can be induced to compete for service in the Army Medical Staff; but even the civilian medical press is proclaiming amongst medical students the unpopularity of the Service, and calling attention to its discomforts so far as the medical staff are concerned. 'Neither comfort nor social status awaits the entrant into Her Majesty's Service,' says a medical paper, 'and young surgeons accepting a commission therein, and expecting to meet pleasant companions, to occupy decent social rank, and to share the festivities and enjoyments of the regiment to which they are attached, find themselves planted in a sort of no man's land, and almost as far off from their brother officers as if they belonged to the police or some other non-military service.' Unfortunately this statement of the case contains in it a great deal of truth, of which the authorities in Victoria Street are perfectly well aware, and yet time goes on, the number of vacancies increase, and no effort is made to fill them except by those candidates who are willing to enter the service even under the existing conditions of discontent and ostracism." Let us now look at the list of successful candidates for the Army Medical Staff at the last examination, and we see that only thirteen candidates were able to obtain the qualifying marks. The last man just gained four marks over the minimum of half-marks required to qualify. Twenty-seven candidates competed for twenty-five vacancies. Rumour states that the War Office authorities have a new warrant ready for issue, and that it would be put in force if the vacancies were not filled at the last examination. Such being the case, it is confidently hoped it will appear shortly, and it is expected that the chief provisions will be as follows:—

1. The formation of a Royal Corps by the amalgamation of the officers of the Army Medical Staff, and the warrant officers, non-commissioned officers and men of the Medical Staff Corps.
2. The abolition of the present double titles, and the granting of army rank in this royal corps, as

lieutenant, captain, major, etc., but with the powers of command as at present.

3. Periodical leave to study at metropolitan hospitals.
4. The return to the old periods of foreign service, viz., three and five years.
5. The attaching of a medical officer to each regiment for a period of five years, that is to say, a partial return to the regimental system.

It must be most gratifying to all past and present Guy's men to see the highly eulogistic terms in which Surg.-Captain C. S. Spong, A.M.S., attached to the Egyptian army, has been several times mentioned in the daily press of late, in connection with the performance of his duty in the present Nile campaign. This officer is an old house-surgeon, and likewise an old captain of the Rugby Football Club, and I feel sure all will join in wishing him an increased share of good luck in the future, and in particular when the rewards for the compaign are meted out.

The Volunteer Medical Staff corps have recently had a most successful week at Aldershot. For the first time in the history of the British army they have done all their own transport without going to the Army Service corps. It was noticed that H.R.H. The Duke of Connaught took especial notice of the transport of this corps at the march past. It is hoped that Guy's men will join in larger numbers than they have recently done, particularly those who subsequently intend to enter the Service. The present Adjutant, Surg.-Captain Rawnsley, A.M.S., is an old Guy's man, and was the first to start the corps at Guy's when a student. He will be at all times glad to give any information to Guy's men about the corps.

Re-Endowment Fund.

The Employés of Butler's Wharf, not content with handing to the Hospital the whole of the proceeds of their annual concert, have very kindly arranged to hold a grand Garden Fête and Sports in the St. Olave's Grammar School Cricket Ground, Green Lanes, East Dulwich Grove, on Saturday, August 22nd, in aid of the Fund. The events are numerous and attractive, and in the evening the prizes will be distributed by Dr. E. C. Perry. The Fête Committee will be pleased to welcome any friends of the Hospital.

In the *Family Circle* of August 11th will be found particulars of an interesting "Age Competition," for the benefit of the Fund. Everyone should purchase a copy of this paper, and comply with the conditions of the competition. The matron has a few free copies for distribution. The winner may secure a possible £5,000.

The Treasurer has received through Mr. George Herring a donation of £500 from the Baroness de Hirsch. The Secretary to the Treasurer would be glad to forward collecting cards or boxes to any friends who may desire to take part in the raising of the Great Fund.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

NOTICES.

W. T. B., Streatham Hill.—After incubation on blood-serum, the resulting growth consisted of streptococci associated with a torula. No Klebs-Löffler bacilli could be detected.

J. R. W., Surbiton.—No tubercle bacilli could be found in the discharge from the cervical glands.

H. J. H., Eastbourne.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli, associated with a very few staphylococci.

E. R. M., Hastings (No. 3).—Tubercle bacilli are present in the sputum in fair numbers.

J. T., Queen Anne Street.—Tubercle bacilli are present in the sputum in fairly large numbers.

W., Woolwich.—No tubercle bacilli could be found in the sputum.

H., Reigate.—After incubation on blood-serum, the resulting growth consisted of staphylococci only. No Klebs-Löffler bacilli could be detected.

H. V. R., Fordingbridge.—Tubercle bacilli are present in the sputum in fairly large numbers.

C. P. C., West Kensington.—No tubercle bacilli could be found in the sputum.

E. A. A., Tunbridge Wells.—No tubercle bacilli could be found in the sputum.

W. E. T., Nottingham.—This tissue, on microscopic examination, appears to be the recto-vaginal sputum infiltrated with colloid carcinoma. From the history of the case, the primary lesion was probably a cylindrical-celled carcinoma of the rectum undergoing colloid degeneration.

PATHOLOGIST.

Prize Competition.

A prize of two guineas will be awarded in September next for the best article on some subject relating to the incident and travel of a holiday. If of sufficient merit, the winning article will be published in the Gazette, and a second prize will be given for any MS. that may be worthy of publication. The prize will be open to students in their first, second and third years, and to members of the nursing staff. For further particulars apply to the Medical School office.

Guy's Hospital "Blue."—Owing to a mistake, G. B. Muriel's name was not included in the recent list as having gained his "Blue" at Rugby football for the past season.

Passim.

During the hubbub of preparations for the Festival Dinner in June, and the excitement of the last few weeks of the summer session, the retirement of Lord Aldenham from the office of President to the hospital passed without much notice. It is not an uncommon thing in life to find a want of understanding between the executive and legislative sections of a community; so that the Medical School can hardly be blamed for not having had much direct knowledge of their Directors, or of the retiring President. Indirectly, however, most men will have heard of Mr. Henry Hucks Gibbs, the financier in the City; and the short account of his life with which this number opens, will show how valuable must have been the experience and advice which are now lost to the hospital. It is the knowledge of a sound and practical man of business, from outside the pale of the particular profession involved, that is of so great importance in the management of a public institution such as Guy's Hospital, and it is for the application of this knowledge to the hospital affairs during the space of sixteen years, for work unseen, and therefore but little appreciated by those engaged in the executive work of the institution, that all who are fond of Guy's will bear a debt of gratitude to their late President, Lord Aldenham.

We have been fortunate enough to obtain the assistance of an old Guy's man of considerable standing—a surgeon in Her Majesty's employ—to supply us from time to time with news from the Services. In his first contribution in another column our correspondent gives an account of the recent examinations for the Army Medical Staff, showing how the refusal of the War Office authorities to grant redress in several points which have caused trouble for years past has resulted in a dearth of candidates for the Service.

If rumour be true, and a new warrant be ready for issue dealing with these grievances, the Army Medical Staff directly, and the whole medical profession and the army indirectly, are to be congratulated on the improved medical attendance that the warrant is calculated to provide for the Imperial army. Much has been done of late to strengthen the country's weapons of offensive and defensive warfare, and the daily papers have in recent years been full of suggestions for reforms of military management and advancement of naval power, both of which have been to a large extent achieved. But it is manifestly absurd that the military power of the country should be organized and adapted to the needs of the empire without a corresponding provision being made for medical attendance in time of war. At present the Service is undermanned, and the men who may be called on at a moment's notice to perform the most difficult operations in surgery under the most unfavourable conditions of a battle-field, are not allowed to perform operations which in this hospital are given to house-surgeons and dressers. A soldier with varicose veins in India, we have been told on reliable authority, is obliged to be invalided home before he is allowed to undergo surgical treatment for their cure.

It is to be hoped that the new warrant will amend this state of things, and will raise the position of an army medical officer to one of the highest in the medical profession. At the same time it would be interesting to know if it is the boycotting of the Service which has been most effective in securing this result, if, indeed, it has been secured, or the gradual accumulation of evidence from men who have been able to take a broad view of the difficulties in the way of reform, and have quietly but firmly reported their opinion to the authorities of Whitehall. If our acquaintance with the working of other departments of Her Majesty's Civil Service be correct, it would be a judicious mixture of the two elements of justice and obligation which would have produced the desired result.

In the long list of successful candidates at the recent College and London examinations, it is most satisfactory to note that Mr. C. P. Hilton has been awarded a gold medal and exhibition in Materia Medica, and has obtained honours in each of the other subjects. Mr. D. J. Munro also obtained honours in Organic Chemistry. Guy's cannot claim this year to have rivalled its great performance of 1895, when Messrs. Fagge, Walker, Richmond, Bruce, Turner and Milton obtained honours, and secured three gold medals and two exhibitions to the glory of the hospital; but no one candidate last summer was able, as has been the case in this, to obtain honours in all subjects.

A short letter appears on page 371, from an old Guy's man in practice, on the subject of hospital abuse, and being written dispassionately

and with great moderation, deserves attention. "G. P." admits that the functions of the hospital are, amongst others, to teach both students and the profession at large, and with the poorer cases to take the place of a consultant. But he points out that many cases return to be dressed at the hospital after being seen by the officials of the out-patient department, even when they are both willing and able to return to treatment under their own doctor. The very gentle suggestion is made that men working in the department should take care not to tell a patient to return for dressing without thinking whether the case deserves special treatment at the hospital. This idea might well be pursued in future so far as is possible. But it is hardly to be expected, we fear, that much can be done in this way. As it is, when practitioners send up cases to the hospital for diagnosis, it is our personal experience that the surgeon generally writes directly to the medical man on the subject of the case, and, if possible, returns it to his supervision. But it would be a good thing if dressers were to bear in mind in future that they should not tell a patient to come up again unless there is some definite reason for their so doing.

The whole question of the functions of a hospital nowadays is very difficult and unsettled. Until the Poor-law Infirmaries were established, it was clear that the main function of the hospital was, as its name implies, to entertain and treat those deserving of hospitality. The main and ostensible aim of the institution was then undoubtedly to cure or to ease poor patients of their trouble. But since the State has made arrangements to this end in its local Infirmaries, it is evident that this is no longer the case. No person in the land can complain that he is unable to obtain treatment; if the worst comes to the worst he can always apply to the local authorities. The function of the hospital, besides that of teaching, is, like that of the Charity Organisation Society and other bodies in the matter of general charity, to take off the rough edges of official regulations, and to give the poor persons warmth and comfort without the sting of pauperdom and red tape. But at the same time it is most difficult to reconcile the avarice of the Dressers for the week (we speak from experience) with the real needs of the patient on the one hand, and the general practitioner on the other. In our voluntary system of hospital-management—and may Heaven forfend that Guy's should ever be aided by the State—the exact rights of the different persons concerned are not strictly defined, and the natural solution of the difficulties that arise will be found in the exercise of mutual forbearance, tact and common sense.

The second half of Mr. Lane's lecture on Experiences in the Out-Patient Department appears in the present issue, and in the correspondence column will be found a letter from Dr. Clarke admitting the lecturer's facts but disputing his conclusions. Mr. Lane, in that part of his lecture which appeared in the last number of the Gazette, commented severely on the inaction of the State in not teaching children the rudiments of physiology or health; and to this inaction he attributed a large number of the minor and even some of the major ills met with in the out-patient department. Dr. Clarke, however, pushes the blame further back. He points out that if the State do not realise the importance of such instruction, it is the fault of our profession who have failed to teach the community its importance. The books written on the subject are but little read; and the knowledge of himself that everyone possesses is derived only from instinct and gossip or from the worthless articles in the *Echo* and *Family Doctor* and the captivating little volumes of fashionable quacks.

Occasionally a really good article appears in the *Contemporary Review* or *Nineteenth Century*, such as those of Sir George Humphrey; and it is of such articles that Mr. Brudwell Carter proposed in the *Lancet* of the 8th inst. to start and compose a journal to be addressed to the public and written by the most distinguished and most literary medical men. This is well as far as it goes in theory, but in practice it would be a bold venture, for the range of persons who would be interested in such articles and have leisure to spend over them would be but small. It would, however, be a good step in the right direction and at the same time be most interesting and instructive reading to medical men themselves. But Mr. Lane's theory that the State should teach children the economies of domestic life is one that can hardly be held in its entirety.

During the last few months it has unfortunately happened more than once that reports of cases and articles dealing with work in the hospital have been published in the Gazette, giving, without their permission, an account of

cases or experiments conducted by members of the Staff; and in one instance at least some most valuable results were thus published prematurely without the knowledge and against the desire of the operator. In future, to avoid this mistake, we must ask all contributors to forward their manuscripts to the physician or surgeon whose cases or work they are reporting, and ask them to append their initials. Meanwhile, we apologise very deeply for the inconvenience that has been thus unwittingly caused, and trust it will not lead to any diminution in the supply of material for our columns.

In May last we clamoured aloud for a short-hand reporter to take down and transcribe clinical lectures for publication, and for a time one was forthcoming; but he has now resigned his work, and it is essential that we should have a reporter by October 1st next. We accordingly repeat our former offer, and trust that some of the junior members of the hospital, who have five good weeks left to spare before the beginning of the winter session, will sit down and learn shorthand at once. All enquiries about learning and about a small manual for that purpose may be made of Mr. Reaside at the office, or of Mr. Croucher at the Medical School office.

In the Re-endowment Office the present business on hand is the production of a complete list of subscribers and donors to the Fund, to be produced by the end of September, as giving a complete and final list of the answer to our new President's appeal.

Dr. Goodall, of the Eastern Hospital, M.A.B., and Dr. Washbourn have produced a most excellent book in large octavo, entitled a "Manual of Infectious Diseases." We hope to review it in detail at some later period.

We have received an early copy of Mr. A. H. Tubby's "Deformities—a Treatise on Orthopædic Surgery." Our first impressions of the work are most decidedly favourable. It is well got up, printed in excellent type, and abundantly supplied with illustrations. The text is well arranged. with numerous subdivisions and summaries of the subject-matter which are readily grasped. Many clinical notes are also inserted which help to lighten the text. Indeed, from merely turning over the leaves we have come to the conclusion that there is not a dull page in the book, which is saying a good deal when the number reaches six hundred. Net price, 17s.

When a student first enters the hospital and makes his way to the letter-window on his way to (or from) his first lecture in anatomy, he is not a little surprised at encountering weird and dishevelled forms flitting about the Colonnade in dressing-gowns and other *déshabille*, with the apparent intention of taking the air before completing their toilette. The shock to his feelings of propriety wears off by degrees; he longs to be one of the unkempt beings himself, and by the time he arrives at the position of Dresser for the Week he finds himself in Rome, and he does as the Romans do. The reason of this habit is not far to seek, and no one who investigates the condition of the historic Dressers' Rooms will be surprised at cleanliness being sought elsewhere at the expense of propriety. It may be suggested, however, that both cleanliness and propriety might be attained if the powers that be would turn a small host of plasterers, plumbers, white-washers and bath-fitters into the dingy apartments behind the Surgery. We have heard rumours that this is to be the case before the year is out, and we are sure that all Guy's men will unite in rejoicing over the decease of a custom which is indecorous, although, for the present time, necessary.

Obituary.

Gerald Sidney Owen Howes.

We regret to announce the death of Dr. Howes, whom many will remember as a student here from 1884 onwards. Gerald Sidney Owen Howes, was born at Chatham, the 5th June, 1866, and was the second son (one of a family of five) of the late Major-General F. A. Howes, R.E. As a child he resided for a few years in Canada, and was educated at Cheltenham College, and it is now a little over two years since he was qualified M.R.C.S., L.R.C.P. He was taken ill on Monday, the 10th inst., with what was at first believed to be quinsey, but which proved to be diphtheria, contracted from a patient, as he had recently attended several children suffering from that malady (one of whom died in his arms), at Peckham, where he had been for two years assistant to Dr. E. Hodgson. Dr. White saw him, and owing to his throat being clear, gave some hopes of his recovery, but he became suddenly worse, and the heart being attacked, he died early in the morning of the 14th inst., and was burried at Norwood cemetery on the 19th of August.

The Functions of Nerve Cells.

(The Treasurer's Prize Essay, read before the Physical Society on Saturday, March 28th), by Alfred Salter, M.B., B.S.

Continued from page 363.

Cell Grouping.

We now come to the question of the individuality of nerve-cells, their relations to one another, and their grouping for biological purposes into systems or "centres." All our knowledge, so far as we can gather, seems to point to the fact that the nerve-cell, though an anatomically independent element, is not functionally possessed of such independence.

A study of motor and sensory processes indicates that nerve-cells are gathered into groups or "centres," the centre as a united whole dominating the process, whilst the individuality of the cells is lost sight of, or swallowed up, in the part played by the group as a whole. We will first investigate the constitution of a "centre," and the method upon which the cells within it are arranged. The evidence about to be detailed would indicate that each nerve-cell should be looked upon as a unit in a batch or gang, the members of which work together, and stand or fall together; and that further, the groups either supply body-segments (or areas that represent segments) in the case of sensory cells (*vide supra*), or, as we shall see, govern particular *actions* (not separate muscles), in the case of motor cells. Moreover, we shall also see that each gang, though practically independent of neighbouring gangs, is under the control of foremen—or governing—gangs higher up, which modify its action, sometimes setting it in motion, sometimes augmenting, sometimes inhibiting its several functions.

All simple reflexes have probably originated as purposeful actions either for the withdrawal of the body away from an irritant or for repelling the irritant itself. For the effectual performance of such movements the contraction of a combination of muscles is almost invariably necessary in the case of any highly organized animal. Thus, the extended leg in a pithed frog is withdrawn when the toe is pinched, whilst if an irritant is applied in the anal region adapted movements of both legs are made with a view to remove it.

These actions necessitate the employment of a large number of muscles receiving their nervous supply through many spinal nerves; and in considering the nature of the events in the cord which determine the behaviour of the frog in these instances we must bear in mind the fact that the movements are "co-ordinated," that is to say, not only are many distinct muscles brought into play, but certain relations are maintained between the amount, duration and exact time of occurrence of the contraction of each muscle and those of the contractions of its fellow-muscles sharing in the movement. In the absence of such co-ordination the movement would become irregular and ineffectual. Thus, as the cells have had to be arranged for *movements*, and not merely as muscle-stimulators, the operations of natural selection have secured the existence of animals in whom the nerve-cells have been more and more closely correlated to one another, until the individual cells in these groups from a functional point of view have ceased to possess an independent existence. The separate cells, or even collective knots of many cells, cannot send out impulses apart from their fellow-elements with which they are indissolubly bound functionally. Only, indeed, in disease and under abnormal circumstances can isolated cells discharge energy apart from the synergic discharge of the centre, and unless the whole centre is in working order the individual cells cannot respond except under pathological conditions. Thus, in Progressive Muscular Atrophy, where a sclerotic process is taking place amongst the cells of the anterior cornua, and where this intimate relationship is broken down by the invasion of the fibroid change into the dendritic inter-lacement, the phenomenon of fibrillary contraction is observed, *i.e.*, a discharge of some cells having no relation to the discharge of the whole centre.

Ferrier's work in two separate departments has thrown much light on this subject of cell-bondage. The facts of pathology show that in cases of disease limited to certain regions of the anterior horns, *i.e.*, in poliomyelitis anterior, certain synergic combinations of muscles become paralysed altogether irrespective of their nervous supply (Ferrier and Remak). Ferrier showed by pathological investigation that the group of muscles paralysed might receive fibres from many nerves, but that each group, which always existed for the performance of a particular movement, was really innervated from one anterior horn, the cells of which were correlated for that movement. Experimental evidence in the same direction, showing how intimately the cells of the cord are arranged for *movements* and not simply for the dominance of separate muscles, has been supplied by Ferrier, Yeo, and Birge. These observers applied direct stimulation to the anterior cornua themselves, and also to the anterior roots as they left the cornua before their union with the posterior roots. Ferrier's results were obtained by electrical stimulation of the cornual cells; whilst Birge, by employing mechanical irritation with a blunted needle-point, evoked similar effects.

Ferrier cut the spinal cord of a monkey opposite the sixth cervical root, and stimulated the motor groups with a weak Faradic current in the following manner. A flat platinum plate was applied over the sacrum as a neutral point, and a slightly blunted needle used as the exciting electrode. The needle was applied to the anterior horn under a magnifying power, and in every case the movements obtained were identically the same as those following direct stimulation of the corresponding root. No such result followed the application of the needle to any other part of the cut surface, even though actually nearer the point of attachment of the root in question, showing that the effect was due to a genuine excitation of the cells, and was not simply a matter of conduction of currents.

Now, Birge, in a laborious series of investigations, has demonstrated first in the frog and subsequently in a few mammalia, that the number of nerve-cells in each cornual group corresponds exactly with the number of fibres contained in the anterior motor root, and that thus all the fibres in any anterior root come from the cells of the corresponding cornu. We may take, therefore, the following well-known series of results of stimulation of successive anterior roots in a monkey as representing the effects of nervous discharge of the related cornual groups.

Stimulation of the—

First dorsal root brings into play muscles which produce a movement comparable to that of plucking a fruit and drawing it towards the trunk.

Eighth cervical causes a combination of movements bringing the tips of the fingers into the position requisite for scratching the buttocks—the scalptor ani action.

Seventh cervical causes muscular contractions which supposing the hands were the fixed point would cause the body to be raised as in mounting a branch.

Sixth cervical brings the hand up to the mouth.

Fifth cervical causes the hand to be raised upwards and backwards. And so on.

We here see that each group of cornual cells on stimulation in the monkey calls forth combined movements involving the co-operation of numerous muscles, widely spread anatomically, but all resulting in actions such as are seen to be constantly associated together in the ordinary modes of activity of the animal. Analogous experiments by Bert and Marcacci indicate that very different actions result from stimulating any particular motor-root in a dog to those which occur in a monkey. And with other different species equally different movements occurred. These facts render it probable that each segmented cell-group whence nerves proceed to the limbs is a centre of co-ordinated synergic muscular movements *of a character adapted to the habits and requirements of the particular animal in its ordinary modes of activity*. The intercommunication between cells of the same group—or path of least resistance—upon which the co-ordination depends, *must thus be determined by hereditary influences*, as most animals start at birth ready equipped for the performance of all these habitual movements.

In the brain as well as in the cord, the work of numerous experimenters has clearly demonstrated the same facts as to the grouping of cells with relation to movements and not to muscles. It is unnecessary here to go over the details of cerebral localization, but it may be briefly stated that Ferrier, Fritsch, Hitzig, Horsley, etc., have conclusively shown that in the grey matter of the cortex the cells are grouped so that stimulation or nerve-discharge results in the production of definite movements having some important relation to the life of the animal. With volitional movements of the limbs though there is evidently a further differentiation of the motor combinations than exists in the spinal segments, yet volitional isolation of the action of any muscle from those which are physiologically synergic with it is impossible, the synergy being, as we have seen, provided for in the spinal cornua.

To sum up on this head, we may say with regard to all nerve-cells having any connection with motor processes, that the invariable rule is for the cells to be so grouped that normally they act together and cannot act independently: that the grouping is such as to correspond to a definite movement serviceable in adaptation to the environment: that the groupings are different in different species; and we may infer that probably they are different, though in a minor degree, in different individuals of the same species; and that it is on this varying grouping and varying power of combination in different individuals that idiosyncratic physical qualities depend.

The Neurological "Feudal System."

We may now approach the question of nerve-cell functions from the point of view of the classification of the cells into grades or ranks of varying authority in the nervous organisation; that is to say, the facts relative to the dominance of "higher" cells over "lower" cells, or the power possessed by the former to set the latter in motion, and to augment or inhibit their activity.

We have a very simple example of this relation in the suckers of the cuttle-fish. Each sucker on an arm of this animal has its own special ganglion, and thus can be made to contract its sphincter-fibres and suck when an object is brought into contact with it alone. This may happen even if the arm is separated from the rest of the animal. We have in the latter case, then, a nervous function in its most elementary form—transmission of the excitation to a simple central organ, and in this organ the setting free of energy in the form of an impulse towards contraction. The various ganglia of the suckers, however, are connected both with each other and also with a higher head centre, the caruncle, so that in taking hold of an object with the whole arm the animal can set in action all the suckers on the member at once. The single elementary nerve-function here takes its place as part of a whole system of functions, and the position of the individual peripheral ganglion to the central nerve-mass is clearly that of subordinate to principal.

Instances of this function occurring in human nerve-cells are seen in the relations between the motor cells of the cerebral cortex and the anterior cornual cells; between cells of the superficial layers of the cortex and those of the deeper layers; between cells in the cerebellum and basal ganglia and those of the cord taking part in reflex action; and between the cells of the great vital centres and those of the peripheral ganglia (such as the cardiac).

The various cell groups or centres in the spinal cord, though to a large extent autonomous, are connected to one another and to "higher centres" by the associating and longitudinal tracts. Through these tracts impulses

proceed from the motor cells of the cortex which stimulate the spinal cells to the distribution of stimuli to the muscles. Without such connection between the cortical and cornual cells no voluntary action can take place, for all power of voluntary motion is completely lost after division, or sclerosis, of the pyramidal tracts.

These spinal cells, then, are completely dependent upon the higher structures for the performance of anything but reflex actions.

In addition to this dependence, other influences reach the cornual cells through the longitudinal tracts, and profoundly modify their activities and functions. The most prominent of these influences is an inhibitory or restraining one upon the reflex or motor excitability of the projection cells. Thus, when the cells of the spinal or infra-cephalic centres are completely dissevered from the cerebral or cephalic centres, a nervous discharge is much more readily elicited than under normal conditions. This statement applies as much to the invertebrate nervous mechanism as to the vertebrate, and holds good for every class in the animal kingdom above the Cœlenterates.

Ward has shown that when the supra-œsophageal ganglion of the cray-fish is detached from the rest of the ventral segmented chain by division of the para-œsophageal connectives, the lower centres exhibit an almost incessant aimless activity. In the absence of brain, therefore, the cells of the lower ganglionic centres would seem to be more readily dischargeable; or, expressed in another way, the higher cells seem to inhibit the tendency to wasteful activity of the lower cells. The same effect is shown in a suspended frog with the toes dipping into diluted acid by the marked shortening of the "reflex-time interval" which occurs after section of the cervical cord. In man the excitability of the cornual cells to the reflex stimuli in cases of paraplegia from crushes or of lateral sclerosis is often developed to such an extraordinary extent that a mere touch may be sufficient to cause a severe spasm, the thigh being strongly flexed upon the abdomen and the leg upon the thigh, the whole of the muscles of these parts becoming hard and rigid. From these considerations it has been inferred by some physiologists that "the healthy reflex mechanism is so delicately responsive, and the vital equilibrium of the cells taking part in it so highly unstable," that the latter may react to a stimulus so slight as to be almost imperceptible and undetectable; and that were it not that during the course of evolution a higher class of governing cells had been developed to control those differentiated at an earlier stage, and to act as depressors and repressors of these inferior cells, these would do their work too eagerly and would soon get worn out. We must not, however, with regard to inhibitory effects generally, allow ourselves to be misled by the analogy of the special and limited cardiac mechanism and the relation of the cardiac ganglia to the vagus centres. Quite another view to that enunciated above is in the field and is supported by physical and experimental evidence.

The increase of reflex excitability in the cells of the cord as a whole after severance from the brain is true also, in some animals at any rate, of each segment of the cord isolated from the rest. Thus, Schiff has shown that the reflex movements of the tail of a decapitated lizard increase in vigour with successive removal of the spinal segments from above down to that with which the afferent and efferent nerves of the tail are in relation. It is probable, therefore, that the more the afferent impulse is restricted to the centre on which it primarily impinges, and the less the diffusion into the other tracts and centres the greater the reflex discharge. We have, therefore, here as much ground for saying that each higher segment of the cord inhibits the lower as that the brain inhibits the cord as a whole.

It is not necessary to assume that there is anything specific in this restraining or inhibitory action of the encephalic cells.

It is true that in Setchenow's well-known experiment of stimulating the optic lobes of a frog with a crystal of sodium chloride, the reflex interval is enormously prolonged by this proceeding, but it does not necessarily follow that specific inhibitory functions must therefore be ascribed to the cells of the optic lobes. Many people can, by an effort of will, restrain, if not altogether prevent, the reflex movements of the leg which otherwise occur in such a lively manner from tickling the soles of the feet, and such inhibition of the act is not entirely due to the voluntary throwing of antagonistic muscles into action.

On the whole, we may conclude that neither Setchenow's experiment nor volitional inhibition of reflex action demands any specific mechanism for their explanation apart from that concerned in the usual sensory and motor functions of the organism; for they appear to be merely individual examples of a general law that reflex action is liable to be arrested or interfered with when the cells engaged in it are solicited at the same time from other quarters. If, for example, when a reflex action is initiated, a sensory nerve in some other part of the body is strongly irritated, the reflex act is at once arrested. If the body of a decapitated snake is suspended, slow rhythmical pendulous movements of reflex nature occur, which are at once stopped by any stimulation, such as stroking the tail. In the experiment of the pithed frog with one foot dipping into acid no withdrawal occurs if the opposite sciatic is simultaneously pinched or stimulated with a Faradic current. In the case of dogs whose spinal cord has been divided in the thoracic region, micturition, excited reflexly by sponging the anus, is promptly arrested by sharply pinching the skin of the leg. Numerous other instances might also be adduced.

Though we may not be able to explain the exact mode in which nerve impulses interfere with one another, yet that inhibition is a mere question of interference does not seem doubtful. Peripheral sensory stimuli, irritation of sensory tracts, or direct excitation of sensory centres, all produce inhibition of reflex action, and there are two views before physiologists as to the precise

method whereby such inhibition by interference takes place.

Normally from all parts of the skin in contact with clothing, etc., constant afferent impulses are passing to the cornual cells tending to stimulate them to the production of reflex acts. Mere surface-pressure with any external object suffices to provide an effective stimulus, and the reflex acts (rigidity or spasticity) actually do occur in pathological states, where there is lateral sclerosis or a breach of continuity of the cord. But in a normal cord there are also other stimuli reaching the cornual cells from the cerebrum, and bearing some proportion or relation in strength to those of afferent origin. The cornual cell, being thus called upon by two more or less equal forces, responds to neither, and remains quiescent. If this equilibrium is disturbed, as by an increase of the afferent impulses (tickling or pinching) then reflex action results; while if the descending cerebral impulses increase, we have voluntary motor effects, or at any rate, motor effects of cerebral origin. If the activity of the cerebral cells is lowered physiologically (as by sleep), the impulses reaching the cornual cells from the brain are weaker than before, and a reflex act is excited by a slighter additional stimulus.

This theory, then, conceives that when the force (the stimulus) tending to cause rearrangement of the cell-molecules (which must be a necessary concomitant of the generation of an impulse by the cell) is met at the cell by another force tending to cause a different rearrangement of the molecules, the ultimate result will be a complete interference of the one force with the other, no definite rearrangement occurring, and thus no reflex act.

The other theory, especially upheld by Brunton, tries to explain the question on a purely physical basis. The analogy between inhibitory phenomena, and the effects of interference of waves of light and sound, has been pointed out by C. Bernard and Romanes. Brunton conceives that inhibition is not dependent upon the existence of any special inhibitory cells, but that stimulation and inhibition are different phases of excitement, the two terms being relative conditions depending on the length of the path along which the impulse has to travel and the rate of its transmission; and he maintains that the known facts are most consistent with the interference of waves one with another, the waves in this case being undulations of molecular vibration in the axis cylinder.

We have seen the dependence of the cornual cell upon the large pyramidal cell in the deep layers of the cerebral cortex, and now in turn we find that there is a certain amount of evidence from pathological sources that these large projection-cells are set in motion by the smaller and more superficially-placed ones, and that only in obedience to the latter can they start off stimuli down the pyramidal tracts to the cornual cells.

In congenital spastic para-, hemi-, or monoplegia, where a hæmorrhage or severe pressure during parturition has occurred over the motor cortex, it has been found in some cases that the superficial layers of cells *only* have been destroyed, whilst the deeper ones containing the large projection-cells have been left intact. In such instances there is paralysis or loss of voluntary power over the muscle supplied from the affected area, but occasionally in addition the remarkable involuntary movements of athetosis, or the yet more extraordinary ones denominated post- hemi- or monoplegic chorea, are observed. These have been attributed to loss of controlling inhibitory influence of the superficial cortical cells upon the deeper, so that the latter now discharge energy in a disorderly fashion; but another explanation suggested is that the degenerated remains of the blood-clot, or of the disintegrated superficial cell-matter, is acting as a constant irritant to the deep cells and thus determining their discharge. Be this as it may, it is certain that with destruction of the superficial cells there is loss of voluntary movement *although the large projection-cells from which the pyramidal fibres originate may be unharmed.* So that, starting with a peripheral ganglion-cell, thence to a cornual cell, up to a deep cortical cell and again to a superficial cortical cell we have an unbroken gradation of nerve-cells of progressively higher function. Many more examples, in parts of the nervous system other than the motor tract, could be given of similar series of cells, members of which owed direct allegiance to the next higher member of the series. The nervous organisation looked at from this point of view reads like a neurological feudal system.

Functions in connection with Sensation.

There is another function of nerve-cells which we have yet to consider, and that is the reception of impressions from the exterior. All nerve-cells which receive impressions from outside the organism may provisionally be termed sensory cells, although it does not necessarily follow that the impression may ultimately affect the sensorium. The sensory cells with which we are most familiar are those of the spinal ganglia, which certainly have some connection with the tactile and other processes of the cutis. In this case, the impression is not received by the body of the cell, but by a peripheral process of considerable length which, passing either to a special end-organ such as a tactile corpuscle, or else insinuating itself between the cellular elements of the integument, ultimately becomes dendriform, receives the impressions which cause nerve-impulses, and transmits those impulses upwards towards the ganglion cells. The study of the comparative histology of nerve-tissue, and the recent work of Retzius, have enabled us to arrive at some important generalizations with regard to the reception of sensations from exterior, and to lay down the proposition that, of whatever nature the sensation may be, *the impression must be received by a nerve-cell* (either directly upon the cell-body, or indirectly through one of its processes) *before reaching the central nervous system.* This is true for auditory, gustatory, olfactory and visual sensations just as much as for tactile and muscular impressions.

Now, we have already seen in our examination of the growth and evolution of the nervous system, that a gradual simplification of the organs of sense can be traced throughout the animal world when studied in a descending instead of an ascending series. Particular senses become less and less definite and specialized as we descend the scale, and it becomes more and more difficult to distinguish them from one another. In the lower invertebrates mere scattered neurocytes, but scarcely differentiated from the surrounding tissue-cells, answer more or less to impressions produced by environmental changes. At last, at the very bottom of the series, sense irritations are received by the whole surface of the animalcule's body, every part of the protoplasmic mass being uniformly sensible or insensible to different stimuli.

It appears from recent observations (Hodge and Atkins, *Amer. Journ. of Psychology*, vol. vi., 1895), that many of the Protozoa, though exceedingly susceptible to certain impressions, yet totally fail to react to others. The life of some of the Peritricha (Vorticella and Carchesium) was observed continuously under the microscope for several days in succession, and the organisms were subjected to the influence of various physical forces. The slightest jerk or pressure produced instant contraction of the stalk and involution of the peristome. Icy water and then warm water was made to flow through the glass-cell in which they were confined, but the animals took no heed. Bright light immediately following absolute darkness was flashed by a reflector upon the slide without producing the slightest movement. Light of various colours, musical sounds of all qualities and volumes, many inert chemical substances in dilute solution (*i.e.*, bodies not actively destructive to protoplasmic vitality) as well as the constant galvanic current were all tried without the faintest effect. Certain chemicals, however, caused contraction, as did a weak Faradic current, whilst the animalcules gave evidence of the possession of an elementary taste-olfactory sense by the precision with which they selected or rejected different articles of diet from amongst a heterogeneous collection of particles brought to the buccal pore by the ciliary current. For example, the vorticella was supplied for a time with no other food but yeast cells in sterilized water. It at first voraciously swallowed these, but in a short time ejected them. When subsequently the yeast was presented to it, together with protococcus and gleocapsa, the animal invariably discerned between the torula and the algal cells, and could never be induced to again take up the former. Although members of the Peritricha are thus apparently insusceptible to light and sound, yet other Protozoa have been shown to present a high development of sensibility to these stimuli; and we may say that man with all his complicated and specialized nerve-cells and receptive apparatus possesses no sense which is not shared in some elementary form by the humblest protoplasmic specks existing.

Experiments, such as those just described, upon a large number of Infusoria have thus shown that even amongst the most lowly-organised representatives of the animal world something in advance of mere vital irritability is present. The point, however, to notice is that the whole of the protoplasm is *uniformly* sensitive, and that at first the various stimuli of light, sound, etc., are received and appreciated by the same undifferentiated tissue. In the next instance all communications from the world around are addressed to a peripheral æsthocyte located on the surface, that is to say, only a specialised portion of the animal's body is now responsive to external impressions. In primitive organisms these æsthocytes probably received impressions *of every class*, and transmitted them to the ganglion-cell by means of their neuron-processes; and, it is to be noted, that it is the *body* of the cell which receives the stimulus directly. A section of the integument of Lumbricus is a perfectly diagrammatic structure in this respect. Now, it is well known that Lumbricus reacts to, and appreciates, light, sound, touch, and most probably odours as well (Darwin, Lubbock), and yet the receptive æsthocytes are all of one type and in no way differentiated from one another. Spindle cells are packed here and there in between the epidermal cells, the outer pole of the spindle projecting very slightly on the surface, while the inner end is prolonged into a nerve-fibre process. There is no doubt that these are true nerve-cells, for like every other nerve-cell each has a neuron which is directed centrally towards the segment ganglion, where it ends by ramifying dentritically in the Punksubstanz without being connected anatomically with any other cell. Besides this, each cell has dendrons which ramify like roots underneath the epithelium, but without anywhere joining the dendrons of neighbouring cells. These sensory cells are extremely numerous and are found over the whole epidermis, no other kind of nerve termination or nerve-origin having been discovered. All the impressions of light, sound, etc., are operative upon the general integument, and must be taken up by these undifferentiated æsthocytes, and by these converted into nerve-impulses. An important advance upon this, however, takes place in animals a little higher in the evolutionary scale. The impression now, instead of being received directly by the cell-body, is taken up by a very short process of the cell. Retzius has shown that in other worms (Nereis) and in molluscs, the sensory cells tend to lie more deeply, and are no longer placed entirely within the epidermis, but some are sunken just beneath it. They then appear like bipolar cells, sending a short peripheral process to penetrate between the cells of the epidermis, and a long process centrally, as before, to enter the ganglia. Such cells offer a beautiful transition between the entirely peripheral or epidermal sensory cells of the earth-worm, and the bipolar cells of the spinal ganglia of osseous fish. In all animals up to the level of development of Nereis, then, every variety or type of external stimulus is received by one and the same cell.

Passing on to the next stage, we find that special cells are now told off for certain classes of stimuli. The earliest differentiated mechanism for the exclusive

reception of light vibrations consist of an æsthocyte covered by a modified epithelial cell acting as a sort of cornea; and from the simplest oculocyst to the most complex visual organ, the only essential appreciative structure is a nerve-cell or modified nerve-cell. And throughout the whole animal world above Lumbricus, whilst tactile, auditory and gustatory sensations are received by the *processes* of nerve-cells, Retzius has shown that light vibrations are invariably received *directly by the body* of the nerve-cell, or by such a slight and specialized process immediately attached to the body that it cannot be properly termed a nerve-fibre process, but is rather a modified part of the cell itself. Thus the cones of the retina must really be considered as a specialized part of the cone-cells, which are the true optic æsthocytes, from the deep end of which a fibre passes off, which can only be regarded as a neuron, and which ends in an arborization in the molecular layers, there interlacing with similar arborization of other cells. The rods are rather longer processes of the rod-cells, but must be looked upon in the same light as the cones.

When we come to examine olfactory æsthocytes, we find that here again the stimulus is received directly by the cell-body. The spindle-shaped "olfactory" cells of the nasal mucous membrane are undoubtedly genuine sensory nerve-cells both morphologically and developementally, possessing an afferent neuron which terminates by an arborization in the glomerulus of the bulb. We have, therefore, to ask ourselves why in the case of visual and olfactory sensations are the impressions received by the cell-body directly, whilst with tactile, gustatory, and auditory, the impression is received by a more or less lengthy process from the cell? For Retzius' observations have proved that in the organs of hearing and taste, the nerve-terminals do not, as was once supposed, emerge from their receptive hair-cells, but really originate from bipolar or unipolar cells interpolated somewhere on the course of the sensory fibres, and are exactly analogous to the cells of the spinal ganglia. On the whole we are bound to believe that there is some essential difference between the two types of receptive organ correlated with differences of function or of excitation. Now, the sensations of light or smell undoubtedly depend upon more impalpable means of excitation than those of touch, taste, and hearing, and it would seem that the protoplasm of a neuron is not a delicate mechanism enough to set up those changes which result in the conversion of the physical force into a nervous impulse *except in the case of the grosser forms of stimulation*, but that vibrations of the character which produce the sensations of light and smell *require the more plastic and responsive material of the cell-substance*. Responsive as the cell-substance is, it only reacts to vibrations of a particular and definite rapidity. As far as we can tell, ethereal undulations of less than 370 billions per sec. (dark-heat rays of spectrum) do not affect the retinal æsthocytes at all, whilst those of a greater rate than 790 billions per sec. (ultra-violet rays), also produce no impression, although they markedly affect the hexagonal pigment-cells. Again, molecular oscillations between 16 and 40,000 per sec. are appreciated as sounds of a pitch increasing with the rapidity; but those of greater intensity than 40,000 per sec. are not audible, and more than this no nerve-cell or nerve-terminal in the body is capable of being influenced by them. The sensations of "light" and "sound" are, of course, subjective phenomena, but we are here speaking of them only as their physical causes affect receptive or sensory cells, for both light and sound vibrations produce biological reactions in animals deprived of their cerebral hemispheres.

Apparently, then, in man there exists no apparatus for responding to vibrations between 40,000 and 370 billions per sec., and none for those of a greater rate than 790 billions per sec., that is to say *man only possesses senses for appreciating and reacting to physical forces of a strictly limited range of rapidity and wave-length*. We have ample evidence, however, that in some other animals there exist sensory or receptive mechanisms which are entirely deficient or undeveloped in man: and it is suggested that such consist of nerve-cells, or cell terminals, which are capable of being excited by vibrations of a rapidity which in man is non-excitatory. Thus, in the family of Bombyces amongst Lepidoptera different individuals possess the power of detecting other members of the species at great distances. This faculty is especially well developed in Endromis versicolor, Bombyx quercus, Bombyx neustria, and Eriogaster lanestris; so much so that if a female of the first species be reared from the egg in confinement, then placed in a box and taken to the neighbourhood of woods where the moth abounds, several male Endromides will almost certainly be found within twelve hours hovering round the package enclosing the female, even if this be carefully enveloped in several layers of coverings. In some experiments it was shown by Wood that these males had been attracted from a distance of four or five miles. This remarkable power of the female to attract males ceases immediately after impregnation has been effected, and, as far as we can tell, she neither emits odour nor produces sound. Now, this sense is best marked in species which possess the largest and best developed pectinated antennæ, the nerve-fibres of which are highly arborescent, and originate from gigantic nerve-cells in special ganglion-masses connected with the supra-œsophageal ganglion. It is supposed that these cells (or their neuric brushwork in the antennæ) are so differentiated that they can be excited by vibrations of a rapidity per second which produce no response in any æsthocyte of man.

To sum up, then, we find that in Lumbricus the sensory cells are morphologically all of the same type, and physiologically are all uniformly capable of reacting to the vibrations which in man produce the sensations of touch, sound, light and heat. That in Nereis a differentiation of sensory cells has begun, so that some (the most superficially situated ones) can alone respond to light vibrations, whilst the rest appreciate all other vibrations of every rate. That in animals higher up in

the scale, this differentiation has proceeded to such an extent that light vibrations now only stimulate certain special and localised nerve-cells, auditory only certain others, heat certain others, and so on. That in some animals there are nerve-cells so modified that they respond to vibrations of a different rate to any of those which cause the ordinary sensations of man, and thus are the organs of senses which are wanting or undeveloped in man. *(To be concluded).*

Pass List.

University of London, July, 1896.

INTERMEDIATE EXAMINATION IN MEDICINE.

EXAMINATION FOR HONOURS.

ANATOMY.

SECOND CLASS HONOURS.

Hilton, C. T.

PHYSIOLOGY AND HISTOLOGY.

FIRST CLASS HONOURS.

Hilton, C. T.

ORGANIC CHEMISTRY.

SECOND CLASS HONOURS.

Hilton, C. T. Munro, D. J.

MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.

FIRST CLASS HONOURS.

Hilton, C. T., obtained the Exhibition and Gold Medal.

PASS LIST.

ENTIRE EXAMINATION.

FIRST DIVISION.

Swan, R. H. J.

SECOND DIVISION.

Brook, F. W. Matthews, J.
Clarke, A. E. Osborn, A. G.
Dunston, J. T. Plumley, A. G. G.
Turner, F. D.

EXCLUDING PHYSIOLOGY.

SECOND DIVISION.

Carter, A. H. Densham, A.
Secretan, W. B.

PHYSIOLOGY ONLY.

Smith, D. L.

INTERMEDIATE EXAMINATION IN SCIENCE.

SECOND DIVISION.

Hammond, J. A. B.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION

ENTIRE EXAMINATION.

FIRST DIVISION.

Hatfield, H. F.

SECOND DIVISION.

Davies, W. J. Stamm, L. E.
Davis, C. Noël Tessier, C.

CHEMISTRY AND EXPERIMENTAL PHYSICS ONLY.

†Châtelain, V. A. Gray, A. C. H.
Collins, G. T. Keates, H. C.
Collins, M. A. Parker, W. G.
Thomas, F. L.

BIOLOGY ONLY.

†Brown, H. W. †Matthews, T. A.
†Gibson, F. G. †Rees, M. J.
Kendon, E. T. †Savatard, L. C. A.
†Kennard, A. D. E. †Smith, F. M. V.
†Manfield, G. H. H. †Trail, D. H.

† These candidates have now completed the examination.

Final Conjoint Examination, July, 1896.

MEDICINE, SURGERY AND MIDWIFERY.

*Anderson, C. T. *Farnfield, W. W.

MEDICINE AND SURGERY.

*Lavers, N.

MEDICINE AND MIDWIFERY.

*Fagge, C. H. *Rowlands, R. P.
Todd, D. B.

MEDICINE ONLY.

*Brown, R. T. *Pearse, A. S. J.
*Burton, C. G. *Roberts, E. S.
Hancock, W. I. *Robertson, J.
Hills, W. E. *Serjeant, R.
*John, T. *Thomas, D. W.
O'Neill, B. P. Tresidder, M. E.
*Ormond, A. W. *Winter, W. C. P.

SURGERY ONLY.

Booker, C. W. Horton, W. A.
Clarke, W. T. Pentson, J. C. S.
Evans, C. R. Prince, P. C.
Finch, A. H. *Proctor-Sims, F. R.
Fulham-Turner, H. Thomas, E. R.
Henson, W. W. Marsh, H. R.
Hicks, H. T. *Worger, R. G.

MIDWIFERY ONLY.

*Alexander, A. Moore, W. H.
Fulton, H. Meara, E. J. O.
*Greene, A. J. *Price, W. M.
Lower, N. Y. Reckitt, W. F.
*Martin, D. A. W. Tulk-Hart, T. J. A.
*Mathias, R. Way, M. H.
Michael, C. E. Weekes, C. P.

* Denotes completion of examination.

First Conjoint Examination, July, 1896.

Under the Four Years' Regulations.

CHEMISTRY AND ELEMENTARY PHYSIOLOGY.

Goadby, K. W.

MATERIA MEDICA AND PHARMACY.

Ambrose, A. C. Pearson, G. B.
Instone, B.

Under Regulations dated 1st January, 1892.

CHEMISTRY AND PHYSICS.

Cross, F. G. Moll, O. C. H. L.
Curtis, F. Nash, A. C.
Da Silva, J. C. J. Nash, P. J.
Gater, A. W. Roberts, E.
Kempthorne, H. D. Roberts, T. H. F.
Ker, W. P. Roper, R. S.
Lewis, G. J. Segreda, F. A.
Mandy, P. S. Shelton-Jones, E.
Tilbury, R.

ELEMENTARY BIOLOGY.

Bates, J. E. L. Rashleigh, H. G.
Batty, H. E. J. Shelton-Jones, E.
Ker, W. P. Whatley, J. L.

PRACTICAL PHARMACY.

Dyson, J. N. Hardenberg, E. J. F.
Fell, R. Jones, J. H.
Felton, E. H. Reid, A.
Fuller, W. A. Robinson, J. F.
Hall, R. W. B. Weekes, C. P.

Birth.

EVERSHED.–On 5th August, at Lima House, Penzance, the wife of A. R. F. Evershed, of a son.

ED.—F. E. F.

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Calendar of Coming Events.

Sept. 5.—Mr. Davies-Colley's take-in; D., C. R. Nicholson and H. Simson; Cl., C. H. Fagge. Appointment list for October closed.
" 6.—Rev. M. C. Whitelaw preaches.
" 9.—Mr. Lucas' take-in; D., J. M. Fortescue-Brickdale and C. R. Hodgson; Cl., C. T. Anderson.
" 12.—Last day of application for post of Assistant in Throat Department.
" 13.—The Chaplain preaches.
" 14.—Test Examinations for 1st & 2nd College (Oct.)
" 16.—Mr. Golding-Bird's take-in; D., A. J. Cleveland and F. J. Nicholls; Cl., P. N. Vellacott.
" 19.—Prize Competition closes.
" 22.—Exam. for Entrance Scholarship in Arts begins.
" 23.—Mr. Howse's take-in; D., W. Mussellwhite and J. G. Watt; Cl., T. L. Jackson.
" 26.—Students' Number of GAZETTE issued. Last day of application for GAZETTE Reportership.

Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* MR. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette.

SEPTEMBER 5, 1896.

Gazette Appointments.

IT has often struck men on paying a visit to the out-patient department of the hospital after some lapse of time, how vast a fund of valuable material it would afford to the medical statistician which is at present to all intents and purposes lost. Here are seen the first stages of disease and the earlier results of injury, which in case of admission to the wards figure in the report only in the language of the patient as transcribed by the clerk. Here are seen the contrasted results of convalescence in the country and in the slums, the effects of continued treatment over great lengths of time, the recurrence of growth and the failure or success of radical cures and amputations. The department furnishes also many anomalous cases which do not find their way into the wards. At present the only method of recording these cases is the haphazard writing of hurried reports by men of as yet small experience in their subject, and the preservation of these reports in such a way that they can scarcely ever be used for reference.

It is noticeable again in looking over the ward reports, that a large mass of most useful and interesting matter is contained in the volumes of the Registrar's room, which can be but little used even by the keenest old Guy's men, and practically never comes to the knowledge of the ordinary practitioner. The same refers in an even greater degree of importance to our living museum of pathology, the Clinical wards; the only exception in either case being the occasional and rather fortuitous reporting of cases in the GAZETTE.

The post-mortem room, in the third place, is admittedly an invaluable field of observation; and opportunities are here presented of directly verifying the opinions formed during the life of a patient upon the nature of his disease, opportunities which are denied to the practitioner except on rare and irregular occasions. But the experience of this department is at present sealed to all but the favoured few who are able to be present.

Finally, much work is being carried on in the laboratories of the hospital of which men are absolutely ignorant, and a valuable stimulus to "go and do thou likewise" is thereby lost.

At present the authorities of the hospital and medical school arrange only for the reporting of cases in the wards and the preservation of such reports for the purpose of reference. This work was originated informally, we believe, by Dr. Wilks, and has of recent years become organised so as to be as complete as possible. But the authorities have not seen fit hitherto to give any greater publicity to the detailed practice of the hospital; they have not undertaken to impart the daily experience of the several departments to that larger body of Guy's students who as general practitioners are studying against difficulties in circumstances far less advantageous to study.

The GAZETTE committee have now decided that a start shall be tentatively made in this direction in October next, with the assistance of the school authorities; and a notice from the school-office will shortly be posted in the colonnade announcing three vacancies for the post of Reporter to the GAZETTE. The duties of one reporter will lie in the surgical, and of a second in the medical, out-patient department; that of the third in the post-mortem room. The reporters in the out-patient department will be given a seat at the clerk's table. They will take notes of any case or cases and of any instruction upon them which under the advice and permission of the assistant-physician or surgeon in charge they may consider of value for the purpose. The reporter in the post-mortem room will in the same way take notes of any autopsy which he may find to be noteworthy, and will be assisted by the official conducting the examination.

In either case, the reports will have to be written out by the end of the week previous to the publication of the GAZETTE, and forwarded to the assistant-physician or surgeon concerned. The revised reports will be printed at the discretion of the Editor and be paid for at the usual rate of official contributions. It is hoped thus to print some two to four pages in every number of the GAZETTE, consisting of such reports which may be useful both to those who have been present at the time and to non-resident readers of the GAZETTE. This matter we believe will be doubly useful to old Guy's men; for it will not only supply them with new information, but it will present this through the medium of the different members of the Staff to whose methods and points of view they are accustomed and whose teaching they are able directly to estimate; whereas in the general medical papers an indiscriminate mass of material is supplied to them without any direct indication in the majority of cases of its value.

The value of the post of Reporter, apart from the pecuniary remuneration, will lie in the opportunities it will give of seeing the practice of the out-patient and post-mortem departments and of impressing on the mind the chief cases and the teaching that deserve emphasis. It would be most useful to men reading for their final examinations after completing their regular appointments, but it may be held synchronously with other appointments so long as the holder can still remain responsible for the work. Applications are to be made to the Dean at the Medical School Office on or before Saturday September 26th.

A Case of Tetanus.

CLINICAL LECTURE BY DR. J. W. WASHBOURN.

THE case I wish to consider to-day, gentlemen, is that of a farmer, aged 55, who was admitted into John ward on April 14th. The symptoms of which he chiefly complained were inability to open the mouth and stiffness in the muscles of the back and neck. His family history is unimportant, while he himself can remember no illness beyond a broken leg which occurred 20 years ago. Eleven days previous to admission into the hospital the man, while digging on a patch of land which had for some time been the site of a manure-heap, ran one of the prongs of the fork into the forefinger of his right hand. A bandage was applied to the wound without any previous cleansing. At first the wound felt sore, but in five days it had healed, and the bandage was removed. Two days before admission patient noticed that he could not properly open his mouth to take food, although otherwise he felt quite well. This stiffness gradually extended to the muscles under the jaw and to those at the back of the neck and over the thorax.

On admission the temperature was found to be 97.2°; pulse, small and compressible, 120 per minute; and respirations 24 per minute. There was profuse sweating about the head and neck; the masseters were so firmly contracted that a coin could only be passed in where the teeth were deficient. The muscles in the floor of the mouth and at the back of the neck and trunk felt slightly rigid and were tender on manipulation; and on sitting up the back was held remarkably rigid and erect without any arching backwards. The wound of the finger was thoroughly healed and was neither painful nor tender to the touch. A diagnosis of traumatic tetanus was made.

Mr. Dunn saw the patient, and at his advice amputation of the finger was effected. While in the earlier stages of anæsthesia one or two mild tetanic spasms occurred. On examining the finger a little semi-purulent material was found at the bottom of the puncture. Broth cultivations were inoculated for the purpose of confirming the diagnosis. The patient came to without difficulty. In the evening the chest was examined, the lungs found to be healthy, and the cardiac sounds approximately normal, the first being only slightly blurred and prolonged. Further treatment consisted of complete rest with screens round the bed, enemata of eggs and milk, and fluid nourishment by the mouth when practicable, and a dose of chloral

gr. xix. and bromide gr. xxx. every fourth hour. On the following morning a good night's rest was reported without exacerbation of the tetanic spasm. The condition, however, was more pronounced than on admission, the jaws being more firmly clenched, the abdomen more rigid, and *risus sardonicus* present in slight degree. A tetanic spasm and opisthotonos were produced by moving the patient. Temperature was 98° and respiration 30. The chloral and bromide now given per rectum, were increased and 2 grammes of the tetanus antitoxin injected hypodermically. On the following day, April 16th, the condition was practically unaltered and another gramme of the antitoxin was injected. Temperature 98.6°, pulse 138, respirations 32. In the evening, however, he was worse with a troublesome cough and mucus which he could not cough up, there were pain and difficulty in passing water; the knee-jerks were brisk and there was some ankle-clonus. Early on the morning of the 17th a severe tetanic convulsion occurred, mainly respiratory in origin; respiration stopped, and patient was blue and convulsed for seven minutes. A capsule of amyl nitrite was given, chloroform administered, and resort had to artificial respiration. After the spasm, the muscles were all much laxer; pulse was 180. A second spasm, brought on by an attempt at micturition, occurred at 7 a.m. and lasted for eleven minutes, in which the same symptoms and treatment may be recorded, and further spasms occurred at 12.30 on attempting to swallow, and again at 5. The capsules of amyl nitrite were now omitted as they appeared to be of no service. Between the spasms the condition was but little changed; the urine contained no albumen or copper-reducing substance. On the 18th patient seemed considerably better, the muscles being far less rigid, and the mouth capable of some voluntary expansion; but he was rather more drowsy, and on the 19th the rigidity seemed to have increased again. The heart meanwhile appeared to be dilating gradually, but no murmurs were heard. Our stock of antitoxin was now exhausted so that no more could be administered. On the 20th the rigidity was increased; there were pain and difficulty in swallowing; the cardiac dilatation had diminished; pulse was 150 and weak; temperature at 10 a.m. 100·8°, and respirations 40. At 12.30 a more severe spasm occurred than any as yet, the opisthotonos being well marked, and the chest fixed in a position of inspiration. This was with difficulty overcome by chloroform and artificial respiration; but the condition was one of extreme prostration, and, on attempting to pass a nasal tube for the sake of administering nourishment and chloral before anæsthesia had passed off, another severe spasm was set up. After this patient remained all day in a collapsed and very precarious condition, the mucus in the air-passages causing much trouble; he had five severe consecutive spasms in the evening, despite I.M.H. gr. ¼, his temperature rising to 103°, and he at length died quietly, three-quarters of an hour after midnight, the pulse continuing for some time after respirations had ceased. Temperature at death was 105·2°; half-hour later, 102°.

At the autopsy the lungs were found to be œdematous, the bronchial tubes to be choked full of muco-pus, and the spinal arteries to be congested.

The broth cultivations grown, some aërobically and others anaërobically, and examined on different days, contained cocci only and no tetanus-bacilli. The failure to cultivate bacilli from the wound did not alter our views of the nature of the case. It is not uncommon for the bacilli to completely disappear at a time when the symptoms of the disease are well developed.

REMARKS.

Cases of tetanus are generally divided into two classes, *traumatic* and *idiopathic*. In the former variety the source of infection can be definitely traced to a wound, while in the latter the source of infection is more obscure. The distinction is of some value as indicating the severity of the disease. Thus, in the statistics that have been collected of cases of this disease, the mortality of the traumatic form is given as 90 per cent., and of the idiopathic 31 per cent. only. The case which we have under consideration was of the former variety, and the disease was conveyed by the contact of the wound with earth, infected with tetanus-bacilli.

There are many different kinds of wound which may cause infection; but the most dangerous is undoubtedly a puncture-wound inflicted by an instrument that has been in contact with mud, earth or filth. On the other hand, infection may be conveyed by a burn or scald, and practically speaking by any kind of wound. Attention therefore should be paid to all variations of traumatic injury. Thus, tetanus may occur in new-born babies, the trismus infantilis of the books, the germs entering through the umbilical cord which has been tied without due aseptic precautions being taken. Another and somewhat rarer form of infection is that after abortion and delivery. After separation of the placenta the tetanus-bacilli may

be conveyed by the hands of a careless accoucheur or by the foul clothing of the patient herself to the vulva, and so make their way towards the endometrium.

In some cases no source of infection in the shape of a wound can be found, and this constitutes the idiopathic variety of the disease. Two Italian observers investigated a case of this nature and found tetanus bacilli in the bronchial mucus. No doubt they had entered the bronchial tubes by the inhalation of infected dust. It is possible that in some cases the bacilli may enter the alimentary canal by means of contaminated food. But it is also possible that many of these so-called idiopathic forms of tetanus are not in reality idiopathic, but traumatic. For, as is generally known, in the case of malaria the germ may for a long time remain latent, but some sudden disturbance or change of condition will start it into activity. Similarly, in tetanus the infection in cases known as idiopathic may have entered the body at some previous date by a wound which has closed and become obliterated.

The influence of cold in producing tetanus is also described, but this can be numbered only among the indirect, and not among the direct causes of the disease, its probable mode of operation being the lowering of the body's resistance to the action of the bacilli; for no cause can produce tetanus without the intervention of the tetanus bacilli.

The next point of interest to be considered is *the period of incubation*. In the present case the infection took place eleven days previous to admission, and two days before admission difficulty was experienced in opening the mouth; the period of incubation was nine days. The incubation period, however, of tetanus varies far more than that of most other diseases, and may be so short as six days and so long as five or six weeks. In the cases of shorter incubation the prognosis is serious and the course of the disease will probably be rapid and severe. A long incubation-period, however, portends a mild and chronic form of the disease. Thus, cases of tetanus may be classified as acute if resulting from seven days' incubation or less, and chronic if the latent period be of longer duration.

As to the *onset of the symptoms* the present case is fairly typical. Stiffness of the jaws is usually the first symptom; the stiffness then spreads to the muscles of the neck and back. A contraction of the facial muscles is common, producing the *risus sardonicus*. The flat muscles of the abdominal wall are generally affected early, although in this case they were only affected late in the course of the attack; when affected, the abdomen is felt on palpation to be absolutely rigid. At the beginning of the manifestation of symptoms the spasms are, as a rule, tonic and persistent. There is usually pain at the same time, located chiefly in the muscles most affected, which, as in this case, are tender to touch. Sometimes the spasm starts in the muscles close to the seat of infection, but this is rare in man, though common in experimentally-induced tetanus in animals. Thus, if a mouse be inoculated at the root of the tail, the spasm will begin in the gluteal and caudal muscles. If the inoculation take place in a limb, the spasms will first of all begin in that particular limb; if in the side, the body will be drawn to that side by the unilateral contraction of the flank-muscles. But in man the case is different, and, as a rule, the spasms begin without any apparent connection as to site with the seat of inoculation. Thus, in the present instance, the infection took place in the hand, but the spasms began in the muscles of the jaw.

Rose pointed out that tetanus produced by wounds of the head and face in man is sometimes accompanied by paralysis of the facial and ocular nerves, while in the case of other wounds no such paralysis is noticed. In fact it appears that nerves only with a short course can be paralysed by the tetanic virus.

The *progress of the disease* varies. In favourable cases the spasms remain confined to the muscles first attacked. Recovery is generally slow, and there may be stiffness of the muscles for as long as a year. Usually, however, the spasms extend to other muscles, and from time to time undergo paroxysmal exacerbations brought on by various exciting causes, such as attempts at swallowing, noises, etc. During these attacks there may be opisthotonus from spasm of the muscles of the back, or dyspnœa may be produced, as in this case, by spasm of the respiratory muscles. Death may occur during a spasm, or it may be due to exhaustion, or to cardiac failure, or to bronchitis and broncho-pneumonia from the accumulation of mucus in the tubes. The usual period in which death may ensue is three to seven days, but a fatal result may occur as late as three or four weeks afterwards from exhaustion.

The *diagnosis* is, as a rule, easy; but several conditions may be mistaken for tetanus. Such, for instance, is the spasm of hysteria which occurs in young girls more especially, but such a condition is, as a rule, fairly easily recognized

by other associated symptoms. In cerebro-spinal meningitis the symptoms may resemble tetanus, but in this disease there may be cerebral symptoms, such as optic neuritis or delirium, and there will usually be a marked hyperæsthesia which is absent in tetanus. Strychnine poisoning, again, produces a condition closely analogous to that of a tetanic spasm. But it may be distinguished from tetanus in the first place by the suddenness of origin of the attack; in the second by the absence of tonic spasm between the attacks; in the third by the excretion of strychnine and its detection in the urine; and in the fourth by the history of the attack and its causation, into which the closest inquiry should always be made.

As to *prognosis*, the traumatic variety is much more fatal than the idiopathic. The shorter the incubation period and the more rapid the extension of the spasm, the more unfavourable the prognosis. If the respiratory muscles are involved grave danger is to be apprehended. Signs of cardiac failure are of serious import.

There are many points of interest in connection with the *pathology* of tetanus. The bacillus which causes the disease exists in the form of slender motile rods sometimes growing out into threads. A characteristic feature of the bacillus is the mode of spore formation, a spore being situated at one end of the rod, causing it to bulge and look like a drumstick. The spores are very resistant and will withstand boiling for a few minutes without being killed. The bacillus is anäerobic, and will only grow in media from which oxygen is excluded. (The methods of cultivation were then demonstrated). Although the bacillus is anäerobic, it will grow in broth exposed to the air when certain other bacteria are present. In the flask I am showing you is a mixture of the tetanus bacillus and the staphylococcus aureus. The tetanus bacillus in the presence of the staphylococcus has grown abundantly, although there is free access of oxygen to the medium, which consists of nutrient broth.

In order to obtain a pure cultivation of the tetanus bacillus from the pus of a wound in a case of tetanus the following procedure is adopted. A cultivation is made in broth containing formate of sodium and grape sugar—substances which favour the growth of the bacillus. The tubes are kept in an incubator for three days. At the end of this time the tetanus bacillus will have grown and will have produced spores, but other bacteria which are always present in the pus will also have grown. We thus have an impure cultivation of the tetanus bacillus. By exposure to 80° C. for an hour all the bacteria are destroyed with the exception of the tetanus spores. Pure cultivations can now be obtained by inoculating other tubes and keeping them under anäerobic conditions.

A pure cultivation of the tetanus bacillus in broth obtained in this way, when inoculated under the skin of a mouse, produces typical tetanus. After death the bacilli are only found at the spot of inoculation, and often none are to be found even here. The symptoms have been produced by the toxines injected with the bacillus and not by a multiplication of the bacilli. If the bacilli are removed by filtration through a Chamberland's filter, the filtrate produces the same symptoms as the cultivation. It has also been shown that the spores of the tetanus bacillus deprived of toxines by washing or by exposure to 80° C. are quite inert when injected under the skin of an animal. The tetanus spores are unable to germinate in the tissues of the body when freed from toxines. They can, however, germinate when other bacteria, in themselves harmless, are introduced with them. As they grow they produce toxines and a typical tetanus ensues.

The toxic power of the tetanus toxine is remarkable. A five-thousandth part of a drop of a filtered broth cultivation will produce tetanus in a mouse.

The above considerations enable us to explain many points which would otherwise be obscure in the pathology of human tetanus. The spores of tetanus are widely distributed, especially in earth and mud, and these spores are destroyed with the greatest difficulty by disinfectants; nevertheless tetanus is a rare disease. Why it is not more common is due to various circumstances. In superficial wounds the free access of oxygen prevents the growth of the bacillus and hence punctured wounds are the most dangerous. Again, the spores when introduced alone are readily destroyed by the tissues of the body. In order for the spores to germinate, other bacteria must be present, and consequently in the pus from a case of tetanus we never find the tetanus bacillus alone; it is always associated with other bacteria. Now, these bacteria can be destroyed by the ordinary surgical antiseptics, and thus the tetanus bacilli can be rendered inert if the wound is treated on antiseptic principles at the outset.

I had hoped to discuss the question of *treatment*, especially of the use of antitoxin, but the time at my disposal is now drawing to a close. I can only say that the antitoxin consists of

the blood-serum of a horse which has been highly immunised by repeated and increasing doses of toxines. The result of this method of treatment is, at any rate, nothing like so striking as in the case of diphtheria; and this is partly due to the fact that the disease is never diagnosed until a late stage, when the antitoxin is least efficacious. I would, however, recommend you to employ it, for in some cases it certainly does good.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY	9, 14.	Mitral stenosis and regurgitation.
	24.	Mitral regurgitation.
	36.	Mitral stenosis and regurgitation. Tricuspid regurgitation.
	50.	Mitral stenosis.
PHILIP	1.	Leucocythæmia.
	12.	Obstruction of inferior vena cava.
	17.	Aortic and mitral regurgitation.

Nervous System.

MARY	3.	Disseminated sclerosis.
	6.	Hysteria.
	10.	Peripheral neuritis.
	12.	? Cerebellar tumour.
	18.	Epilepsy.
	27.	Exophthalmic goitre. Acute rheumatism.
	28.	Left hemiplegia.
	35.	Chorea and acute rheumatism.
	38.	Hysteria.
	39.	Cerebral hæmorrhage.
	45.	Exophthalmic goitre.
PHILIP	9, 10, 11.	Cerebral hæmorrhage.
	26.	Chorea.
	27.	Cerebral syphilis.
	31.	Right sciatica.
	34.	Syringo-myelia.
	39.	Right hemiplegia.

Alimentary System and Abdomen.

MARY	4.	Ascites. Pleuritic effusion.
	21, 49.	Gastric Ulcer.
	32.	Carcinoma of stomach.
PHILIP	2.	Colitis.
	3.	Gastric ulcer.
	14.	Cirrhosis of liver.
	28.	Hæmatemesis. Gastralgia.
	33.	Stricture of œsophagus. Gastrostomy.
	37.	Ascites. Cirrhosis of liver.
STEPHEN	4.	Ascites. Cirrhosis of liver.
	8.	Intra-peritoneal abscess due to injury.
	16.	Jaundice.
	18.	Tuberculous peritonitis.
	32.	Stricture of œsophagus.
	35.	Ulcerative stomatitis.

Typhoid Fever.

MARY	7, 34.	
STEPHEN	32.	

Respiratory System.

MARY	47.	Gangrene of lung.
	48.	Phthisis.
PHILIP	18, 20, 22.	Phthisis.
STEPHEN	26.	

Genito-Urinary System.

MARY	5.	Chronic tubal nephritis.
	15.	Chronic nephritis. Bronchitis.
	43.	Chronic nephritis.
PHILIP	7.	Chronic tubal nephritis.
	30.	Subacute nephritis.
STEPHEN	2.	Chronic nephritis. Pleuritic effusion.

Miscellaneous.

MARY	1.	Epistaxis. Anæmia.
	2.	Eczema.
	16.	Osteo arthritis.
	19.	Addison's disease.
	26.	Otorrhœa. Anæmia.
STEPHEN	13.	Gout.
	38.	Thrombosis of lateral sinus.

Acute Rheumatism.

MARY	13, 20, 30.	
PHILIP	36.	
STEPHEN	14, 30.	

In the Surgical Wards.

ACCIDENT	5.	Fractured scapula.
	8.	Cut dividing median nerve.
	9.	Puncture of sclerotic coat of eye.
	20.	Intracapsular fracture of the neck of right femur.
	32.	Castration for enlarged prostate.
LYDIA	7.	Paget's disease of the nipple.
MARTHA	5.	Chronic mastitis. ? Cyst. ? Carcinoma.
	6.	Carcinoma.
	8.	Rickets. Genu valgum.
	10.	Early hip disease.
	14.	Empyema of antrum.
JOB	15.	Ununited fracture of humerus; divided musculo-spiral nerve; wiring and screwing.
	23.	Sternal dislocation of clavicle.

LAZARUS	11.	Fungating carcinoma of rectum.
NAAMAN	6.	Rodent ulcer.
	7.	Parotid tumour.
LUKE	7.	Odontome.
	17.	? Cancer of spine. ? Tubercle.
CHARITY	8.	Thyroid tumour.
	Cot A.	Spinal caries.
	Cot D.	Scald. Tracheotomy.
SAMARITAN	10.	Phagedæna. Secondary syphilis.

Large Multi-locular Ovarian Tumour—Rupture of Cyst—Ovariotomy—Cure.

E. F., single, æt. 26. First noticed, about April, 1895, that her abdomen was swelling, and in early part of this year the swelling rapidly increased. I first saw her on February 19th, with my partner, Dr. Leachman, under whose care she had been, and found her abdomen occupied by a firm and elastic swelling reaching above as far as the ensiform cartilage, and in front and both sides to costal arch. The tumour was rounded and smooth, and obscure fluctuation was to be felt in some parts, although at the lower part, between the umbilicus and the right anterior superior spine, fluctuation was well marked. Both flanks quite dull. Urine: Specific gravity 1025, acid, no albumen. Patient had been regular until early part of 1895. Since then she had had amenorrhœa. I advised her being operated on without delay, and patient promised to talk the matter over at once with her relations. Within two days of my seeing her, patient was working a treadle sewing machine, and suddenly felt great pain in the abdomen. Dr. Leachman saw her, and found her suffering from an attack of peritonitis, with fever and considerable pain. After she had recovered from this attack, on March 6th, I took her into the Petersfield Cottage Hospital, and on March 8th operated at 2 p.m.

The anæsthetic was most carefully administered by Mr. C. S. Ticehurst, and Dr. Leachman and Mr. R. G. Cross assisted me. An incision five inches long was made in the middle line, and all bleeding points having been secured, the peritoneum was divided on a director. At once there was an escape of thick strumous matter, and it was evident that the peritoneal cavity was full of it, although I was quite certain the cyst had not been injured in the operation as far as I had proceeded. Some slight adhesions were tied and divided, and then the tumour was tapped, allowing the escape of a quantity of thick fluid similar but lighter in colour than that which was continually welling up by the sides of the tumour from the deeper parts of the abdominal cavity. The opening in the cyst was now enlarged by a bistoury, and the edges secured by clamp forceps. Traction failing to get the mass out of the abdomen, the incision had to be enlarged to an extent of two inches above the umbilicus, and then passing my left hand behind the tumour—which was found to be composed of several cysts, some almost solid and others containing this thick fluid—I was able to draw it from the abdomen. The pedicle, which was broad and very thick, was secured in three portions with carbolized silk and the tumour removed. The peritoneal cavity was cleared as far as possible of the large quantity of fluid still remaining in it, and then washed out several times with warm solution of boric acid. The edges of the incision were then brought together by silver and silk sutures and the wound dressed with antiseptic precautions.

On examining the tumour it was found to be multi-locular, with several intra-cystic growths, and the contained fluid was of a light-coloured gelatinous nature. On the posterior wall of one of the larger cysts there was a rupture two inches in length, with edges ragged and signs of hæmorrhage of some recent date inside and outside the walls of the cyst. The rupture had evidently occurred some considerable time previous to the operation, and in all probability happened on the date in February when the patient experienced the sudden pain whilst working the sewing machine, and the subsequent attack of peritonitis.

For twenty-four hours after the operation vomiting and hiccough were very troublesome, and during the first week the temperature varied between 100° and 102°. After this, patient made an uninterrupted recovery, and on April 18th left the hospital, wearing an abdominal belt and feeling quite well.

Petersfield, Hants. H. M. BROWNFIELD.

Puerperal Eclampsia.

ON August 9th I was called at 6.30 p.m. to see a young married woman, æt. 21, a primipara, and expecting her confinement in about a fortnight's time. She was suffering from headache and vomiting; temperature 101°, pulse 108, hard and full. I saw that her ankles were swollen, and on questioning found that she had noticed some puffiness about her face and hands about a month ago, but had thought nothing of it and was told it was quite natural in her pregnant condition. I prescribed an effervescing mixture at once, to allay the sickness; and finding the urine—of which she had passed fully two pints that day—contained four-fifths of its bulk of albumen, gave her ten grains of calomel. At the time of seeing her there were no signs of commencing labour, but at 11 p.m. the same evening I was called and found her in a state of eclampsia, quite insensible, her face livid, pupils dilated, and breathing loud and stertorous. I administered chloroform before making a vaginal examination, and then just succeeded in reaching the os uteri with the tip of the index finger. The bowels were freely opened and an enema containing chloral-hydrate ʒi, was given and retained. The chloroform was continued, as immediately the inhalation was stopped the fits recurred. At 1 a.m. the os uteri admitted the tip of the index finger, and I then decided to hasten labour, with this object introducing a catheter between the membranes and

uterine wall and leaving it there. A second enema containing chloral-hydrate ʒi, was given at 3 a.m., the fits recurring on any attempt to discontinue the chloroform, and the condition of the patient was very serious. Temperature 104·2° and breathing hardly perceptible. At 7 a.m., the os being dilated, I was able, with much difficulty, to deliver with the long forceps, the child being dead and the condition of the patient appearing hopeless. The placenta was expressed without difficulty, and I then discontinued the chloroform, having administered it almost continuously for eight hours. The patient had one strong fit a quarter of an hour afterwards and then appeared to cease breathing and no pulse was to be felt. Brandy was injected subcutaneously but no improvement in pulse or breathing was noticeable, and I then (8 a.m.) injected per rectum ʒviii. of brandy in same quantity of quite hot water; this was retained, and although patient remained deeply unconscious, a slight flickering pulse was soon felt, and the breathing improved. She remained unconscious for five hours after the birth of the child, but had no more fits (except the one just after the placenta was expelled) and as, on regaining consciousness, she was able to swallow, I prescribed bromide of potassium in 30-gr. doses every four hours. The urine, drawn off with a catheter, contained only a very slight trace of albumen thirty-six hours after delivery, and the patient made a slow but uninterrupted recovery. At the present time, twenty-one days afterwards, the urine contains no albumen and is secreted in normal quantity.

Petersfield, Hants. H. M. BROWNFIELD,

Hippocrates on Hæmorrhoids.

THE remarks of the Father of Medicine on this subject have been often alluded to, but as it is probable that the actual treatise is but little known amongst present-day students, I have ventured to transcribe the following passage from the translation made by Francis Adams, and published by the Sydenham Society in 1849, in the hope that it may be of interest:—

"Having on the preceding day first purged the man with medicine, on the day of the operation apply the cautery. Having laid him on his back, and placed a pillow below the breech, force out the anus as much as possible with the fingers, and make the irons red-hot, and burn the pile until it be dried up, and so that no part may be left behind. And burn so as to leave none of the hæmorrhoids unburnt, for you should burn them all up. You will recognise the hæmorrhoids without difficulty, for they project on the inside of the gut like dark-coloured grapes, and when the anus is forced out they spirt blood. When the cautery is applied the patient's head and hands should be held so that he may not stir, but he himself should cry out, for this will make the rectum project the more. When you have performed the burning, boil lentils and tares, finely triturated in water, and apply as a cataplasm for five or six days. But on the seventh, cut a soft sponge into a very slender slice, its width should be about six inches square. Then a thin smooth piece of cloth, of the same size as the sponge, is to be smeared with honey and applied; and with the index finger of the left hand the middle of the sponge is to be pushed up as far as possible; and afterwards wool is to be placed upon the sponge so that it may remain in the anus. And having girded the patient about the loins and fastened a shawl to the girdle, bring up this band from behind between the legs and attach it to the girdle at the navel. Then let the medicine which I formerly said is calculated to render the skin thick and strong, be bound on. These things should be kept on for not less than twenty days. The patient should once a day take a draught from flour or millet or bran, and drink water. When the patient goes to stool the part should be washed with hot water. Every third day he should take a bath."

The alternative methods recommended are:—

(1) Foment with hot water, cut off the extremities of the piles and apply astringent compresses of oil and finely powdered "flower of bronze" (probably verdigris or other copper salt) with a sponge over all.

(2) For the "bleeding condyloma" (perhaps a polypus) tear it off with the finger nail. "This should be accomplished without the patient's knowledge, while he is kept in conversation." The blood that flows is to be "speedily washed off with a decoction of galls, in a dry wine."

(3) For the preceding condition when situated higher up, use an expanding speculum and smear it with black hellebore on the finger. On the third day wash it out with a dry wine.

(4) Apply the actual cautery through a cannula which fits over it.

(5) Other methods by ligature, suture, and

(6) Putrefacient applications such as myrrh, galls, roasted litharge and other caustics.

In the pathology of the affection it would seem as if considerable progress had been made in the 2,400 years which have elapsed since the treatise was written, for Hippocrates attributes it to "determination of bile or phlegm to the veins of the rectum, which heats the blood in these veins: and these veins becoming heated attract blood from the veins next to them, and the inside of the gut becomes engorged and swollen." The hæmorrhage is due to the swollen veins being bruised by the passage of hardened fæces.

The treatise on Fistula and Ischio-rectal abscess is also of considerable interest. It is curious that these troubles should have been so prevalent amongst the Greeks, for the period when Hippocrates practised was the golden age of Plato, Pericles and Pindar, when of all peoples the Greeks are believed to have been the most typical example of the perfection of *mens sana in corpore sano*.

A. J. S.

Nursing News.

WE have this week to congratulate Nurse Traill on her appointment to a Sister's post at the new Fever Hospital at Shooters Hill. Nurse Traill has worked here for a little more than three years, two of which were spent as staff nurse in Mary ward. She gained a 1st Class certificate and passed well in the various examinations. She carries our good wishes with her to her new work.

We regret that an unavoidable delay has prevented the publication of the pass list of the Probationers' Surgical Examination in this issue of the GAZETTE.

Notice will be found elsewhere of the bicycle club which has just been formed. Runs will take place from Lewisham where a club-house has been arranged for.

Cycling for Guy's Nurses.

ON the evening of Tuesday, September 1st, an inaugural meeting of a new Club was held in the Matron's home, to discuss the *pros* and *cons* of a very up-to-date project, viz., that of a Bicycle club for the sisters and nurses of Guy's.

Now that the bicycle has come amongst us, and has so evidently come to stay, there seems no adequate reason why hospital nurses, as well as their sisters in almost all ranks of society, should be behindhand in joining the race on wheels. Not so many years ago the idea would have been utterly scouted as wholly unsuitable, for women in general and nurses in particular, and it only shows with what rapid strides we have lately advanced, when it becomes possible for a project like this to be calmly discussed without a dissentient voice being heard.

The meeting was described as being a unanimous, if not a very enthusiastic, one, but before giving that as a final opinion, it is well to consider that a fair proportion of those present were night nurses, who, in order to be there, had risen an hour earlier than usual to be able to attend—a fact which in itself implies a great deal of real enthusiasm, expressing itself in deed, if not in word.

The Matron being elected as treasurer of the club, and Sister Minnie as secretary, a representative committee of five was also chosen from the sisters, nurses, and lady pupils. The question of a President was left an open one for the present; also that of club uniform details, it being considered best to leave that to the decision of the committee later on. Though Guy's has always been a hospital of which the nursing staff has worn outdoor uniform, in this case it was decided that it would be obviously impossible to adhere to the traditionary cloak and bonnet, and that a more suitable garb must be adopted.

It was proposed that nurses and probationers should become members of the club on payment of 10s. per annum, while sisters and others, including former workers at Guy's who might reside within easy distance, should make an annual subscription of £1 1s.

Headquarters are to be at Lewisham, where a cottage has been rented at 14s. per week, and where will be installed a caretaker to take charge of the machines and the requisite changes of raiment for the members.

The Treasurer has already received some subscriptions towards the purchase of bicycles, which will become the property of the club, for the use of those members who are not so fortunate as to possess machines of their own, and, needless to say, she is quite open to receiving more!

Lessons in the art of riding can be obtained at a reasonable charge, and as Lewisham is only a short run from London Bridge Station, and it will be possible to obtain railway tickets at a reduced price, it is expected that the club will become very popular, and that much "off duty" time during the coming months will be spent on the wheels in the enjoyment of this last *fin de siécle* development.

A FUTURE MEMBER.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Skin Discolouration.

SIR,—In reply to your correspondent, I may say that on two occasions I have suffered from the peculiar nose discolouration he refers to, both due to accidents:—once to a blow from a cricket ball, and lately from walking into the shut door of my consulting room at night under the impression that it was open. The blue mark left after the wound had healed was due to extravasated blood in the glands of the skin. From the lack of cellular tissue on the bridge of the nose, and the feeble blood-supply, nature was not able to absorb this effused blood. On each occasion I completely removed all trace of the mark by expressing the little blood-casts with the nails of my finger and thumb, just as I would a comedo.—Yours truly,

T. REUEL ATKINSON.

Sherborne, August 23rd, 1896.

Prize Competition.

A prize of two guineas will be awarded at the end of this month for the best article on some subject relating to the incident and travel of a holiday. If of sufficient merit, the winning article will be published in the GAZETTE, and a second prize will be given for any MS. that may be worthy of publication. The prize will be open to students in their first, second and third years, and to members of the nursing staff. Contributions must be sent in by Saturday, September 19th. For further particulars apply to the Medical School office.

Guy's Hospital Biennial Festival.

THE Biennial Festival of old Guy's men has been fixed to take place on October 1st, 1896, at the Hotel Cecil (Strand and Embankment). It will be remembered that this fixture was originally arranged to take place in June last; but on the decision of the Governors of the Hospital to hold in that month the great festival on behalf of the Re-endowment of the hospital, the committee of the Biennial Dinner decided to postpone their fixture till the autumn.

H.R.H. the Prince of Wales has been asked to receive an invitation as President of the hospital. The out-going and in-coming Treasurers have been asked to be present and have both accepted the invitation, as have also Dr. Clifford Allbutt, of Cambridge, and Dr. Percy Smith, of Bethlem Hospital, whose wards we are kindly allowed to visit by his permission. The following were invited but have been obliged to decline:—Prof. Burdon-Sanderson, of Oxford, Sir Cameron Gull, founder of the Gull research scholarship, and Mr. Blackwell, who distributed the prizes last summer as Worshipful Master of the Salters' Company.

The circular concerning the dinner was sent round to all old Guy's men on Aug. 25th, by which it was hoped to catch both those who took their holidays earlier in the year, and those who reserved their holidays till September or later. The previous circular was issued to 2,000 old Guy's men on April 15th, informing them of the alteration of date.

A special feature of this year's dinner will be the formal congratulation of Dr. Wilks by past and present students on his election to the presidency of the Royal College of Physicians. The number of speeches on the programme will be reduced from the preposterous number of twenty, as have hitherto figured on it, to about six; and it is hoped to adopt the plan of separate small tables which proved so successful at the Imperial Institute in June, and will add much to the enjoyment of the evening.

We hope that we shall be able to welcome a large number of intending diners to Guy's during the course of the first few days in October.

From the Gazette's Special Pathologist.

A. E. P., LOUGHBORO'.—The growth has the microscopic structure of epithelioma with numerous inflammatory foci, and destruction of tissue.

M. KIDDERMINSTER.—*Spleen.*—This organ on naked-eye examination appears to contain an infarct; microscopic examination confirms this observation. *Kidney.*—On naked-eye examination presents no distinct change, but microscopically shows considerable recent and old cirrhotic changes.

T. K. A.—SHERBORNE.—Albumen is present but in very minute amount. Casts are absent and likewise cells, the form of which might suggest renal epithelium. The albumen seems too small in quantity to be of diagnostic importance.

H. L., MANCHESTER.—Microscopic examination of this tissue shows an inflamed mucous membrane, with recently formed granulation tissue, but no malignant growth.

T. L., HARROGATE.—Diphtheria bacilli are present on the blood-serum in almost pure culture.

W. C. B., BOGNOR.—Tubercle bacilli are present in the sputum in small numbers. PATHOLOGIST.

Gazette Reporterships

IN THE OUT-PATIENT DEPARTMENTS AND POST-MORTEM ROOM.

THREE appointments will be made at the end of this month to reporterships in the Out-patient Departments and Post-mortem Room. One reporter will be present in the Post-mortem Room, a second in the Surgical, and a third in the Medical Out-patient Room every afternoon. They will be given special facilities for seeing the cases, and will be expected, with the consent of the Assistant Physician or Surgeon, to furnish notes of cases and treatment of interest, to secure the signature of the physician or surgeon concerned, and to forward their report to the editor for publication with each issue of the GAZETTE. Further information may be obtained on application to the Medical School Office, to which names must be forwarded by Saturday, September 26th.

L. E. SHAW,
Dean of the Medical School.

Re-Endowment Fund.

FRIENDS of Guy's will not thank the originator of the "snowball" letter of which we recently complained. In this letter readers are asked to send sixpence to a certain lady at West Dulwich for Guy's Hospital, and to write three letters to friends asking them to do the same. Each writer is to number all his letters one higher than the number on the one he receives, and the "chain" is to stop at 50. A correspondent writes:—"This 50 looks innocent. But I have, to the best of my ability, worked out the simple problem in geometrical progression that one has to solve to learn what this scheme ought to bring in to Guy's. I find the sum is nearly £9,000,000,000,000,000,000,000 (nine followed by twenty-one noughts). And in the effort to raise this insignificant sum the whole money of the world is to be spent millions of times over in postage stamps, and everyone in the world is to receive millions of appeals and forward millions of sixpences, and write millions of triplets of letters. Since the lady is to have every one of the letters returned to her, that she may watch the progress of the 'snowball,' I much fear that on inquiry you will find she is already buried and dead. If not, I am sure she will soon be very grateful to you if you very publicly ask everyone to take no further notice of this absurd request. Is it not nearly time to make the starting of these 'snowballs,' on any pretence, a penal offence?"—(*The Charity Record*).

Passim.

The Biennial Dinner of qualified Guy's men, as announced in another column, will take place on Thursday, October 1st, at the Hôtel Cecil. It will be remembered that the dinner was fixed to take place in June, but was postponed owing to the Festival Dinner being held at that time, lest by any chance the success of the one should detract from that of the other. It was thought most probable in that case that a good gathering of old Guy's men could be obtained by holding the dinner on the traditional October 1st, when all are returned from their holiday, and fond parents have a way of strolling up for the first day of the session.

We, as representatives of the student interest, and unable to partake of the Biennial Feast, announce this fact with tears in our eyes. The traditional inauguration of the Winter Session, of which we read so eagerly in the papers long before we entered at Guy's; the soft-sounding platitudes and stirring dogmas; the pleasant little homilies on the best way of combining virtue and prudence in professional life; the gigantic questions of the Ethics of the medical profession, both intrinsic and extrinsic, for which the great B.M.J. now both lives and moves and has its being—all these things are laid aside for the sake of a mere dinner. There remains but one thing to be done. The student of to-day will arise and show the student of yesterday how that he will not spend his evening in eating and drinking in the most spacious and luxurious hotel in London. No, he will content himself with a frugal meal at the hands of Mr. Batten, and thus fortified spend his evening in the library of the hospital at a Pathological Evening of the Physical Society. What vistas of odious comparison does this open out, and how excellent an example and valuable an experience does it afford to the stripling from school, who knows nothing even of the composition of water or the skeleton of a vertebrate, and is now plunged on his first evening after dinner into a Pathological Evening of the Physical Society!

Nevertheless the Biennial Dinner is "a graund affair, there 's nae douting it." Of some 2,000 old Guy's men, two to three hundred will meet again, some perhaps for the last and only time since they were students together. Country and town consultant, G.P., surgeon and physician, all are at the Biennial Dinner, sitting down with each other and with the Staff of the hospital, and with their distinguished chairman, president of the Royal College of Physicians, on terms of absolute equality. The occasion illustrates the soundest principles of medical etiquette; it illustrates still more vividly the bond of union which makes all old Guy's men akin and knits them together in a loyal confederacy, which death alone can break asunder.

In another column will be seen an announcement of a scheme which it is hoped to inaugurate this autumn for reporting cases and results of interest from the Out-patient department. Three appointments will be made to Reporterships in the Surgical and Medical Out-patient departments respectively, and in the Post-mortem room. Such reporterships will, it is believed, give most useful experience to the holders of the post, especially with a view of impending examination and practice, and will result in much valuable work being recorded which at present passes unnoticed. From time to time good reports of such a nature have been published, as, for instance, in several numbers towards the end of last year; and this is sufficient to warrant the trial of a scheme which, if successful, will be established as a fixture after the turn of the year.

The special students' number of this Gazette will appear, as has now become customary, on the Saturday previous to the opening of the winter session. No issue will therefore take place until September 26th. We hope that all who are helping in the special students' number will assist in bringing it out in good time by burning the midnight oil over their contributions on the week previous to publication, instead of the Tuesday or even Wednesday, when they should be reposing in type in the printers' office, and in proof in the editor's and contributors' hands. "Burning the midnight oil," all the same, is now rather a played-out expression. In our experience, at least, it is a euphemism that plays its best part in the Sunday letter home. The French word, "fiv'o'clocker," would be nearer the mark in Gazette weeks.

In our Nursing News, announcement is made of the formation amongst the nursing staff of a bicycle club, of which particulars are given by a "Future Member." It was only last year that the nurses' lawn-tennis club was initiated and the present innovation is a further proof of the endeavour which is being made to improve the

physical condition of a nurse's life at Guy's. To us it is a wonder that the nurses are able to do their work so admirably with so small a sick-list as is the case; for there can be no doubt that their work is, as a rule, harder and far more continuous and monotonous than our own. If they were able to stroll into the Park and smoke a pipe at intervals, or sit on the lockers to talk to the patients when so inclined, or run down to Brighton and get a friend to take their work when feeling a bit worked out, as we may do, we could understand it. But there can be no doubt that with the long hours that keep the nursing staff within doors and always in the same company, they could not do better than spend some of their spare time in country air, and a bicycle club with its centre at Lewisham should be an assistance in this direction, so long as the bicycling is taken as a means and not an end. We do not look to see in the near future a club of lady "scorcher" bicyclists, although one of the prettiest ladies' machines has taken to itself that most objectionable name; and we hope that the slowest goer will be allowed to set the pace.

In our column of Novelties will be found an account of recent improvements effected in the Front Surgery. A new broom sweeps clean; and the chance observer or the freshman student would entertain vivid ideas of a Utopia for casualty treatment of a surgery that does not exist in any London hospital at least,—ideas which he understands are not attainable, so soon as he realizes the circumstances of hospital-management. At the same time it is allowable to hope that the authorities will aim at some such ideal, and work towards it whenever the opportunity may serve. And this would appear to be the case in the present instance, in view of the forthcoming re-arrangement of premises in the neighbourhood of the dressers' rooms.

Entries for the prize competition close on Saturday, September 19th, and it is hoped to publish the winning contribution in the students' number. Contributions may be accompanied by a few illustrations or photographs if desired. The prize will be adjudged by the Gazette committee, and announced in our next issue. We beg to acknowledge the receipt of the first competing paper.

Students in their second and senior years who intend to dissect during the coming Winter Session, are requested to pay the requisite fee for materials, viz., 21s., in the Medical School office, before October 1st next, otherwise they interfere very considerably with the working of the office, which is taxed to the utmost at the beginning of the session in looking after new students.

Our readers will be glad to hear that Mr. G. S. Perkins, as once was, is no longer; that is to say he is now Dr. Perkins, and has taken his degree as M.D. at the University of Edinburgh with honours for his thesis.

On Monday last the Treasurer received a deputation from Harrod's Stores, and was presented with the very magnificent sum of £2,000 in hard cash, or rather its equivalent. This is a splendid contribution from a private firm, especially seeing that they have no immediate interest in Guy's. The fête, as already recorded in these pages, was a great success, and the costs above the sum handed in were most generously defrayed by the management. It is to be hoped that other firms during the next twelve months will follow this excellent example.

The following peculiar communication relieved the monotony of the post one morning in the Re-endowment Office. It was accompanied by a blank form for giving a donation to the hospital, returned *in statu quo*. Mr. Georg Müller of Bristol apparently has necessary comforts, clean and simple. You gentlemen on the Staff, you sisters and nurses, you residents and dressers for the week—you have luxury in every form. What do you mean by it? You must send a deputation over to Germany, and learn to do better in future.

"I wish some of your staff might (if such are chosen who can understand and speak the German language) be sent to the Hamburg New Hospital for the learning of thrift. Let them see the accounts of the terrible cholera year. Surely an example in management at such a crisis must be beneficial to us English (! Ed. G.H.G.) spoilt by the immense overflow of riches into our charities. £40,000 from two sources alone, yearly spent in one hospital! besides all the subscriptions, etc., it is beyond measure. Offerings of a few pounds are simply like drops of water in the ocean; no, rather use them for *prevention* of evils—we try to keep people in health and prevent disease, which is more expensive and less agreeable. Learn from 'Kaiserswerth.' Learn from Georg Müller, Bristol. See the rooms of matrons—doctors and helpers in general; then after looking at that picture, look at this:—

'Necessary comforts clean and simple—
THERE.
'Luxury in every form—
HERE."

For some time past there has been kept in the Medical School Office a list of lodgings that were supposed to be suitable for students living in the vicinity of Guy's; but this has hitherto been conducted upon the fortuitous and haphazard method of trusting to the recommendation of students. When we first set foot in the Borough, we took this list and went round to each vacant lodging that was recommended and to a good many besides in Trinity Square and the neighbourhood to charter rooms. But of the former not one was satisfactory. Either the rooms were pokey and badly furnished, or the landlady was too typical a native of the district, or the place was palpably and sensibly dirty. At last we found our way by chance into a house that was not recommended and met with everything for which we could wish.

It is now decided to establish a regular system of inspection and registration of lodgings. A circular has been issued to landladies in the neighbourhood, informing them that if they will consent to a periodical inspection of their rooms and will abide by a few simple rules, their names will, on payment of a small annual fee, be registered in the Medical School Office of Guy's, and their name suggested to students intending to reside in these parts. This system is much like that of the "Lodging-house delegacy" at Oxford and Cambridge, which has been found to work so well. Fuller particulars will be given in the Students' Number in three weeks' time, when the scheme will have been officially announced and the first list made out. Men who are looking for lodgings for the winter session are advised to hold their hands, if possible, until these arrangements are completed.

Our special Society column.—The Treasurer has left town for Aix-les-bains, and will return to his residence in town before October. The Chaplain will renew his duties on the Sunday after next. The whole Senior Staff of the Hospital is out of town in various parts of the globe, with the exception of Dr. Taylor. We trust they will have a good holiday and plenty of good sport, without going to the extreme, which was last year so graphically recorded in our columns.

Acknowledgments. — Pediatrics (fortnightly); St. Thomas's, St. Mary's, St. Bartholomew's, and St. George's Hospital Gazettes (monthly); Hermes (the organ of the University of Sydney Medical Society); The Bookseller for August 7th (with a short account of Guy's), and The Hospital. These may be seen in the College Library.

The Functions of Nerve Cells.

(The Treasurer's Prize Essay, read before the Physical Society on Saturday, March 28th), by Alfred Salter, M.B., B.S.

Continued from page 384.

Sympathetic Cells.

Before concluding this paper a special reference must be made to the functions of sympathetic cells. Until the last few years our knowledge of the rôle they play was shrouded in mystery, but the researches of Langley and Anderson, Dr. Hale White, Foa, and Sokownin, have helped considerably to illumine this obscure region of physiology.

In the first place Dr. Hale White made careful comparative investigations as to the relative development of sympathetic ganglia and sympathetic cells in a large number of different animals and in man. He confined his attention chiefly to the superior cervical and semilunar ganglia, but the conclusions arrived at with regard to these two typical organs may with justice be extended to sympathetic structures in general. The results of his work can be summed up as follows:—These ganglia vary more in size and shape in man than any other organ in the body, and the variations are quite irrespective of age, sex, stature, station in life, or manner of death of the individual. They actually vary in size as much as do those of the largest and smallest of other mammals, being sometimes as large as those of a horse, and at others as small as those of a bat; whilst in all mammals but man the size varies directly as the bulk of the animal. Secondly, the number of nerve-cells present in human ganglia is also most variable *and but few cells are found to have well-marked neuron-processes or an evident nucleus.* Very often the cell is nothing more than a minute mass of yellowish pigment; though between the extremes of a typically formed nerve-cell with a healthy nucleus, and the shrunken, granular, pigmented blotch many intermediate forms are found, though almost all deviate more or less widely from the normal or diagrammatic element. Indeed, it is practically impossible to find a non-pigmented cell in a human ganglion, and it is a matter of no little difficulty to light upon one which is even approximately typical or well-developed. Speaking broadly, the sympathetic nerve-cell of adult man is morphologically an atrophic structure.

Human ganglia, however, exhibit these atrophic and ill-formed cells much more frequently than do those of other mammals, and this characteristic, though present in some degree in monkeys, diminishes regularly as we descend in the mammalian scale, until at last it is not seen, and all the cells in families like the Insectivora and Cheiroptera, are well-conditioned, plump, uniform, nucleated and nucleolated, and mostly unpigmented. Further human fœtal sympathetic structures do not show any of these degenerative changes in their nerve-cells, and those of children less commonly and less markedly than those of adults.

Moreover, when the ganglia are invaded by disease no symptoms or effects are produced which are not explicable by the pressure on the nerve-fibres passing through the ganglion.

These facts seem to demonstrate that sympathetic cells are becoming less and less important functionally the higher we ascend in the evolutionary scale, till in the human adult their minimum of importance is reached. To quote Dr. Hale White's own words, "It (the superior cervical ganglion) is, in fact, an atrophied, degenerate, organ like the coccyx or appendix cæci."

These statements relate only to the *cells*, and, of course, are not applicable to the sympathetic fibres, which in man preserve their structural integrity just as much as any other nerve-fibres, and are certainly, from a functional point of view, as active as in any of the lower animals. We have evidence of this from pathological sources in the well-known effects of the pressure of tumours and aneurysms on sympathetic trunks, as well as by the French experiments on decapitated criminals, in whose persons every single physiological effect of stimulating the cervical sympathetic was obtained, even to the alteration of the saliva on the side experimented on.

The ganglia contain (1) nerve-fibres traversing them, and having no connection with any of their cells, as shown by the effects of the local application of nicotin, and by proximal section of the nerve-trunk causing degeneration of a certain proportion of the fibres on the distal side. (2) Nerve-fibres originating in them as shown by comparing the results of cutting the nerve on the proximal and distal sides respectively on the two sides of the neck in the same animal. On examining sections stained by Marchi's method taken from the trunk beyond the ganglion, there will be found a greater number of degenerated fibres from the side on which the nerve was divided distally. (3) Nerve-cells giving origin to these fibres as shown by the paralysing effect of nicotin and by Golgi's method of staining. (4) Nerve-corpuscles that appear to have no neurons, but several or many dendrons (Retzius, Gehutchen). [These elements would seem to be analogous to the "intermediary" cells of the ganglia of Lumbricus, Astacus, Periplaneta, etc.] 5) In man and the higher apes, many groups of pigment-granules, not even filling a shrunken capsule, which are vestigial structures and the degenerate representatives n the Primates of functionally active cells in lower animals. Some ganglia are almost wholly composed of these relics.

We have now to try and ascertain the functions of those cells which are still active. We have already seen that in ganglia and plexuses where the cells abound, a conversion of medullated into non-medullated fibres is effected. We have also seen that as many of the cells are polyneuric, possessing one afferent neuron and several or many efferent neurons, there is thus an increase in the number of fibres leaving the ganglion at the same time that removal of the medulla occurs. The polyneuric cells are therefore mechanisms for the economic distribution of stimuli and for the saving of nerve-material, in addition to any co-ordinating effect which is probably entailed by such an arrangement.

The effects of nerve-section just enumerated also prove that, in animals, the cells exercise a trophic influence over the fibres connected with them. That they take part in impulse-transmission has been shown in a previous chapter, and we shall now see that certain pure reflexes may occur by means of sympathetic fibres and cells just as much as by spinal fibres and cells.

Sokownin, Nussbaum, Navrocki, and Scabitschewsky have shown in a rough way that when all the nervous connections of the inferior mesenteric ganglion in a cat were divided except the two hypogastrics, stimulation of the central cut-end of one caused contraction of the bladder, but that such stimulation was without effect after the opposite hypogastric had been tied immediately below the ganglion. By careful and complicated methods Langley and Anderson have confirmed these results, and have further shown that the action is not due to recurrent fibres from the sacral or lumbar nerves; and that, in addition to contraction of the detrusor of the bladder, stimulation of the central end of one hypogastric nerve causes contraction of the internal sphincter of the anus, pallor of the mucous membrane of the rectum, slight pallor of the cornu and body of the uterus on the opposite side, and sometimes contraction of the opposite cornu of the uterus. All these actions are temporally annulled by the injection of twenty milligrams of nicotin into a vein, demonstrating that the impulses set up in the central end of the hypogastric are blocked in the inferior mesenteric ganglion, for the nicotin does not abolish the effects of stimulating the peripheral ends of the hypogastrics. Thus the afferent impulses passing up one nerve traverse nerve-cells in the ganglion before their conversion into efferent impulses in the opposite nerve. We may, therefore, properly call the various reactions above described as "reflexes;" and as all possible communications with the spinal cord have been destroyed, they may be termed "sympathetic reflexes." The actions hitherto spoken of (contraction of the bladder, etc.) are reflexes from one side of the body to the other, but Langley and Anderson have shown that uncrossed reflexes occur in the thoracic and lumbar ganglia, erection of hairs (pilo-motor reflex) being obtainable in areas supplied by two or three ganglia on the application of an afferent stimulus.

The exact path of the stimulus in these cases is unknown, and whether it affects one or several cells is also unknown. With regard to the large pear-shaped cells of the amphibian abdominal sympathetic which possess one straight, and a second spirally coiled neuron-process, Ehrlich suggests from theoretical considerations that the straight fibre emits efferent impulses, whilst the spiral one brings afferent stimuli to the body of the cell. Nothing positive, however, is known on the subject.

It seems to be a general rule, at least in animals that have both cerebro-spinal and sympathetic nerves much developed, that the involuntary movements of splanchnic

muscles excited by artificial stimuli conveyed through ganglia are orderly, and like natural movements, whilst those excited through nerves without ganglia (vagus, etc.), are convulsive and disorderly. The probability is then that in the natural state the cells of these abdominal ganglia act as co-ordinating centres for efferent impulses from the cord, as well as for afferent ones taking part in reflex acts. Amongst the ganglia to which this co-ordination of movements is to be ascribed must be reckoned those which lie in the very substance of the organs, such as those of the intestinal tract, for in many animals rhythmical and orderly peristalsis continues for some time after these viscera are separated from their natural connections with the rest of the sympathetic system, and even wholly removed from the body.

Gaskell views sympathetic cells in the light of nervous elements which were originally situated as ganglionic masses upon the anterior spinal nerve roots. He looks upon a spinal nerve as possessing segmental efferent or motor ganglia on the anterior roots as well as afferent or sensory ganglia on the posterior roots, the only difference being that the former belong solely to the fine medullated fibres of the motor root which subsequently go to form the ramus communicans, whilst the latter are common to all centripetal fibres. These efferent ganglia have, however, travelled away from their original position on the roots, so that we may term them "vagrant," in contra-distinction to the "stationary" sensory ganglia. The ganglia are thus those of the efferent splanchnic fibres found in the anterior root, and characterised by the fineness of their calibre.

NERVE-CELLS IN RELATION TO CONSCIOUSNESS AND MENTATION.

"The key to the comprehension of mental operations lies in the study of the molecular changes in the nerve-cells and nervous apparatus by which they are originated." (Huxley.)

"That the brain is 'the organ of the mind' is now a universally admitted axiom." (Ferrier.) "Whatever the limits our definitions compel us to impose upon the sphere of consciousness, all are agreed that here, in the wondrous web of nerve-cell and nerve-fibre, take place those activities which underlie the conscious states we denominate 'mind'." (Bevan Lewis.)

We have no proof of subjectivity or modifications of consciousness apart from the action of the cerebral hemispheres, and we have no reason to believe that anything is superadded, or that the action of the cortical centres is of a different order from that of the most simple nervous apparatus; but rather that between the simplest reflex act and the most complex cerebral process, there is a continuous unbroken gradation.

It was a long time, however, before the connection of consciousness with the activity of the cerebral structures was definitely recognized. The anatomical fact of the ultimate origin of all nerve-fibres from the cortical cells is not of itself sufficient to establish the conviction of the real connection between consciousness and the brain, and a long and elaborate series of comparative observations and experiments has been necessary to place this relation upon a physiological and psychological footing.

Now, the more the cerebrum preponderates over the other brain organs, the more highly do we find conscious life developed. The higher centres occupy far more room in the brain of man than in that of animals, the immediate centres for sensation and muscular movements having apparently the ascendancy in the latter. The greater or smaller wealth of convolutions (and thus the greater or smaller number of nerve-cells—Meynert and Beale) has also been proved to stand in relation with the higher or lower stages of development of conscious life. The brain of the more intelligent species of dog has more convolutions than that of the less intelligent species; man in this respect is far in advance of apes, and the constitution of the brain in the fœtus and new born infant respectively indicates the same relation. Experiments in the Psychological Laboratory at Washington have recently been published which confirm these facts with mathematical precision. Professor Elmer Gates educated some kittens in colour-sense by an ingenious dodge of hiding their food under coloured boxes, whilst others were trained in ignorance of colour by never from their birth allowing them to see the light. The colour-trained cats have enormous numbers of plump and well-conditioned cells in the occipital cortex, the number being both absolutely and relatively greater than in the identical region of the cortex of normal untrained cats of the same age. The blinded cats showed very few occipital cells, and these were small and poorly developed.

Finally, it is proved by experiment that sensations arise only if excitations are conveyed from the surface of the organism to the cerebral cortex, *i.e.*, certain definite phenomena of consciousness are connected with the functions of certain definite groups of ganglion cells located at different parts of the brain-superficies; and further, that voluntary movement is possible only if the motor-centres of the brain are uninjured. By removal of the cerebrum the conscious life of animals which can survive the operation is weakened, deliberation and initiative are lost, and although, as we have previously seen, elementary sense-irritations still exercise their influence upon animals deprived of their hemispheres, yet the proper grasp and comprehension of the excitation is only possible with an intact cortex. After extensive experimental damage to the posterior portions of both cerebral lobes, a dog no longer appreciates the significance of what he sees and hears. He does not turn when threatened with the whip, does not notice his food unless it is actually put to his nose, is not startled by noise, does not obey when called, and remains unaffected by tobacco smoke (Goltz & Munk). As is more fully discussed below, the usually accepted explanation for this condition of "soul-" or "mind-blindness" is that removal of the cerebral tissues has led to loss of memory-presentations (by which new excitations are recognized and understood) from the destruction of the nerve-cells in which such presentations are stored in the form of

molecular cell-modifications. Just, then, as active consciousness and power of cognition are dependent upon the integrity and vital vigour of the cortical cells, so conversely we find that a dull and undeveloped conscious life (as in idiots) is associated with defective nutrition and defective development of the brain; and the advancing dissolution of conscious life in mental disease or senescence is accompanied by a disintegrative or retrograde structural change in the cortical cells (vide supra). Further, after ligature or compression of the vessels which supply arterial blood to the brain, there immediately ensues a state of unconsciousness. All these facts distinctly point to the conclusion that the cortical cells are "the tissue of mind"—to make use of a phrase of Kant's. Why consciousness should only arise in correlation with the activity of the cells of the cerebral hemispheres, is a question which has not yet received a satisfactory answer, and we are at present, a very long way off from understanding the ultimate nature of that which constitutes "sensation".

Now, whither are we led by this formal agreement and this actual connection between conscious life and the life of the encephalic cells? Of the various hypotheses put forward, that most universally adopted by psychologists—the identity hypothesis—is, perhaps, best expressed in the words of Bain. "Physical cell-changes and psychical manifestations are the objective and subjective sides of a 'double-faced unity.' There is every reason for believing that there is in company with all our mental processes an *unbroken material succession*. From the ingress of a sensation to the outgoing responses in action, the mental succession is not for an instant dissevered from a physical succession." Whilst we go the psychial round of sensation—emotion—thought, there is an unbroken physical circle of effects terminating in outward displays of speech or gesture. The most tenable and most generally accepted supposition is that the mental and physical effects proceed together as undivided twins, and that the processes accompanying them occur in the same nervous matter—the same cells. Waller ("Functional attributes of the Cortex," Brain, 1892) points out in this connection that in analysing the use of the terms "motor" and "sensory" as applied to nerve-centres and nerve-cells of the cerebral cortex, there is very little ground for admitting any distinction between motor and sensory, and that cortical cell-functions cannot be described in terms of pure motor and sensory events, but that as regards the highest centres one and the same cell-change is probably the cause both of the motor impulse and of the sensation, *i.e., the cortical cell-process is senso-motor*. "I picture a wave of change passing through a cerebral cell, but I do not know at what transverse section of the wave to label it motor or sensory." (Waller).

This doctrine, then, is a physico-physiological one, and traces back mental as well as organic phenomena to ordinary physical and chemical laws. It is essentially materialistic, and admits of no interruption at any point in the physiological process between the transition of a stimulus into a sensation and the response thereto by an act of the will. It becomes merely a question of the transmutation of energy, and mental effects are thus but highly elaborated and much disguised reflex acts. "If there is a break in the transition from physiological function to psychological activity, from body to mind, physiology at any rate cannot discover it." (Höffding—Outlines of Psychology). To admit such an interruption involves a physical difficulty, for it necessitates a breach of the doctrine of the persistence of energy. "The nerve process *must* from a scientific standpoint be conceived as a connected progression, as indeed subject to the law of continuity. So far as we can speak of final results in the physiology of the brain, this represents the brain as a republic of nerve-centres, each with its function and all in interaction, *but there is absolutely nothing to indicate the possibility of the physiological cell process breaking off at any point to pass into a process of a wholly different kind*," i.e., into a separate psychological one. For every phenomenon in the world of consciousness there is a corresponding phenomenon in the world of matter, and vice-versa. "Both the parallelism and the proportionality between the activity of consciousness and cerebral activity point distictly to an identity at bottom." What we in our inner experience become conscious of as thought, feeling and resolution is thus represented in the material world by certain material processes in the cortical cells.

We must not lose sight of the fact, however, that the cells do not "feel," but rather they are the seat of a process which causes sensation. In order that any impressions made on the individual organs of sense shall excite the subjective modification called a sensation, it is necessary that they reach and induce certain molecular changes in the cells of their respective cortical centres. If the visual centre is destroyed, or functionally inactive, impressions made upon the retina and optical apparatus cause in them the same physical modifications as usual, but do not affect consciousness. The changes produced have no subjective side. The optical apparatus without the visual centre has been compared to the camera without the sensitized plate. The rays of light are transmitted and focussed as usual, but produce no chemical action and leave no trace when the object is withdrawn or the light from it is shut off. The visual centre is like the sensitized plate. The cells undergo certain molecular modifications which coincide with certain subjective changes, constituting the consciousness of the sensation or the special visual sensation. And as the sensitive plate records in certain chemical decompositions the form of the object presented to the camera, so the visual centre records in cell-modifications the visual characters of the object looked at. The analogy may be pushed still further. Just as the chemical decompositions effected by the rays of light may be fixed and form a permanent image of the object capable of being looked at, so the cell-modifications which coincided with the presentation of the object to the eye remain permanently, constituting the

organic memory of the object itself. When the same cell-modifications are again excited the object is re-presented, or rises up in idea. It is not meant by this analogy that the object is actually photographed in the cell, but merely that permanent cell-modifications are induced, which are the physiological representatives of the optical characters of the object presented to the eye. The optical characters are purely light vibrations, and few objects are known by these alone. The object appeals to other senses, and perhaps to movements, and the idea of the object as a whole is the revival of the cell-modifications in each of these centres concerned, and thus constitutes the act of cognition. For what is true of the visual centre is true, *mutatis mutandis*, of the other sensory centres. Each is the substratum of consciousness of its own special sensory impressions, and each is the organic basis of the memory of such *impressions in the form of cell-modifications*, the reinduction of which is the representation, or revival in idea, of the individual sensory characters of the object.

The cells of the sensory centres, therefore, are to be regarded not merely as the organs of consciousness, but as the organic register of their own sensory experiences. This organic cell-memory is the physical basis of retentiveness, and the property of re-excitability is the physical basis of recollection and ideation.

Does each sensation require a separate cell for its storage; or does it take several cells for the fixation or registration of a single sensation; or can several sensations be housed in a single cell? At first sight it seems impossible that within the compass of a fragment of matter like a single nerve-cell any intracellular modifications could occur which could register a complex sensation. But a consideration of the size of molecules as calculated by physicists shows us that an averaged sized cortical cell might contain 2,000 billions of molecular elements. A nerve-cell may thus have a highly complicated and intricate structure which is at present far beyond our ken; whilst the possibilities of intermolecular permutations and combinations amongst such a number of elements are simply unthinkable. There is nothing, then, inherently improbable in the localization of many sensations in one cell, though positive evidence one way or the other is wanting; and we must be careful to guard ourselves against speaking too airily about such imponderable and intangible quantities as molecules. It may here be mentioned in passing that Meynert and Bain independently calculated the total number of nerve-cells in the cortex of the human cerebrum at one thousand millions.

In conclusion, one brief reference may be made to a hypothetical power of the cortical cells, which has been assumed in order to provide a physical basis for the facts of hypnotic suggestion, as well as an explanation of coincident and identical mental processes occuring in different individuals. The suggestion was put forward on the high authority of the late Professor Tyndal, that just as one tuning-fork may, by means of the undulations conveyed through the intermediate air, set a second fork of the same pitch in vibration, so under certain circumstances might the molecular vibrations of a cortical cell of one individual induce sympathetic vibrations in a cortical cell of a second person, with the consequent production of a similar mental attitude in the latter to that of the former; the "brain-waves" being assumed to be transmitted by the invisible ether.

FINIS.

The Services.

(*From our Correspondent*).

ROYAL NAVY.

Extract from *London Gazette*.

"The undermentioned Surgeons have been promoted Staff Surgeons in Her Majesty's Fleet, dated 21st August:—A. G. Wildey, E. R. D. Fasken."

ADMIRALTY.

"Staff Surgeon E. R. D. Fasken to the 'Polyphemus,' dated August 21st, re-appointed on promotion."

ARMY MEDICAL STAFF.

Extract from the *Army and Navy Gazette*, 22nd August, 1896.

"So 13 candidates only have passed for the A.M.S. out of the 27 or thereabouts who presented themselves for 25 vacancies. It is clear matters cannot be left as they are. The Army Medical Staff could not be worked with a larger number of vacancies unfilled, and it is generally stated that up to the present there are nearly 40 vacancies in all, a number which must gradually increase by deaths, resignations and retirements. The doctors apparently hold the trumps in the game, and Lord Lansdowne's '*earnest attention*' must now culminate in decisive action, *i.e.*, a warrant putting affairs straight."

From the *World*, August 19th.

"The new Director General A.M.S. seems to have derived benefit from his experience of the office in Queen Victoria Street, and there are not wanting indications that under his administration the affairs of the Medical Department are to be placed on a sounder basis. Much depends on the result of this month's examination. The admission of a batch of indifferent candidates would prove disastrous, and the heads of the Medical Schools are adopting a very commendable course in doing all they can to deter young men from entering the Service under existing conditions. It is for the good neither of the Army nor of the medical profession that the Army doctor should be, what he too frequently is now, a sort of social outcast in the garrisons in which he is called upon to do duty. Lord Wolsely recognizes this, and is determined to alter it, and he will have every thoughtful soldier with him in any attempts he may make to put a stop to the present state of things."

From *Vanity Fair*, August 19th.

"Competition for admission to the Army Medical Staff has been reduced to an absurdity; nominally there are 25 vacancies at the present time, and for these there are 26 candidates competing. But actually the number of vacancies is 35, owing to the number of medical men ordered for foreign service, who have applied to be retired during the last week or two. Thirty-one young medicos expressed a wish to compete at the examination now proceeding, but five of these thought better of it, and did

not present themselves. There is, therefore, a vacancy and a half for each candidate, or, as only about half usually qualify, nearly three vacancies for every qualified competitor."

From the *Morning Post*, 25th August.

"In spite of protests from all quarters the examination for entrance to the Army Medical Staff has been held without waiting for the issue of a new warrant. The result of this proceeding, as might have been expected, has proved disastrous. It was announced that there were 25 vacancies for competition (although the actual number of vacancies existing is probably considerably larger); yet for these vacancies only some 27 candidates competed, that is to say, there was practically no competition at all, and the candidates had only to obtain the qualifying number of marks in order to make certain of their commissions. But of the 27 candidates who presented themselves for examination only 13 were able to attain the qualifying standard of marks, and consequently 12 of the announced vacancies will have to remain unfilled, and together with those which have occurred since the announcement of the examination, and those which must necessarily be added before another examination is held, will make quite a large number to be competed for at the winter examination."

"The efficiency of the Medical Department must be seriously affected by so many vacancies remaining unfilled; but what is still more serious is the disclosure of the very inferior class of candidates which the Army Medical Service is able to attract as demonstrated by the facts connected with the recent examination. For the examination for the Indian Medical Service, when only 12 vacancies were announced, it is stated there were no fewer than 31 candidates, or nearly three times as many candidates as vacancies, which, of course, produced a very real competition, and necessarily only those who were able to pass something considerably better than a qualifying examination could hope for commissions. If proof had been needed of the unpopularity of the Army Medical Service, and of the real danger there is of commissions being given to a decidedly inferior class of candidates, it has now been produced in a manner which cannot be refuted, and nothing remains but for the new warrant to be prepared in a generous spirit and to be prepared forthwith."

There is also a very interesting leading article in the *Army and Navy Gazette* for August 29th, but it is too long to reprint. Those interested in this subject can refer to this periodical.

From the above extracts, it appears the subject of the A.M.S. is being freely discussed in the press. Let us hope ere long matters will be settled in a manner satisfactory to all concerned.

It is rumoured that the pay of surgeon-captains, and brigade-surgeon lieut.-colonels is to be conceded by the Indian authorities. Formerly the Indian government has not recognised these ranks, and has not applied the rates of pay granted by previous warrants to officers of these ranks serving in India. It is also said that the tour of service at all foreign stations will for the future be five years. This is to apply to India and the Colonies. The tours at present are six years in India, the Cape, Mediterranean, and Egypt, and Halifax, and four years elsewhere abroad.

INDIAN MEDICAL SERVICE.

Mr. Lincoln, who passed into the above service sixth at the recent examination, completed his education at Guy's. Our best congratulations to him on his success.

We hope, as he is the only representative of the hospital going to Netley this session, he will maintain the credit of the Alma Mater, by securing some prizes.

Novelties.

STERILIZATION IN CATGUT. — Hofmeister (in the *Centralblatt für Chirurgie*. No. 9, 1896), recommends a method for sterilizing catgut.

He soaks it for twenty-four hours in Formalin; boils it in water for ten minutes; stores it in alcohol with 5 per cent. glycerine and one per cent. $HgCl_2$. A bacteriological examination shows that the gut is free from bacteria. The strength was either not affected by the treatment or only slightly. The beauty of the method appears to be that treatment in Formalin renders the gut fit to boil.

IMPROVEMENTS IN THE SURGERY.—The changes in the Front Surgery that have been taking place during the past two months are now happily complete, the chief work having taken place in July, while the business of the Surgery was carried on in a tent erected in the eastern quadrangle; the new fittings have been completed after the demolition of the tent and the return of the casualty department to its usual site.

The principal change has been the substitution of a hard flooring for the boards, which were long a mental eyesore to the aseptic. It is a mosaic-work composed of blue and grey marble in irregular-shaped pieces about an inch across, set in cement, and gives a very pleasing effect to the eye. The Guy's motto is worked into it in dark red in front of the fireplace. The advantages of this flooring, apart from its appearance, are that blood and dirt are more easily seen on it than on a wooden floor, and that it is easily cleaned. It is easy to be wise after the event, and some objection is now taken to it on the score that blood-stains are not so easily seen on it as they would have been on a white ground, and that even now the surface is not very smooth and may in time become an even more efficient refuge for the germs of suppuration if the cement wears away between the mosaic and the cracks become more pronounced. An ideal flooring would in that case probably be a perfectly white and homogeneous cement. But that would certainly be far less pleasing to the eye, and would, with the present flooring, also deny the

slight advantage which a wooden has over a stone floor in winter in its greater warmth to the feet. On the whole, we are well satisfied with the floor that the authorities have provided for us.

The chief other improvement is the bricking and plastering up of the greater part of the large fire-place which all old Guy's men will remember well, and the insertion in its place of a medium-sized grate after the Pridgin-Teale pattern. This has the merits of being far smaller and therefore cleaner; of giving out at least as much if not more heat, which it throws down on to the floor instead of dispersing it aimlessly into the chimney and to a large extent towards the ceiling; and of being very much more economical. Three stacks of hot-water pipes have also been added, and should secure very efficient warming of the Surgery during the cold months. But we must object very strongly to one stand occupying a window which was one of the few places where light and quiet were available, and to another being placed against the middle of the bench for new patients. This was always small enough in all conscience; but its powers of accommodation are now reduced by space enough for two persons, and if the pipes are sufficiently hot in winter, the patients will wish to give the stack a wide berth and so still further reduce the sitting room.

The old wooden dresser in the far corner on which were kept the lotions in use has now been swept away together with the sink in the cupboard, and its place taken by a clean slab of white marble with a basin and sink of white earthenware. The fittings are new and of brass; the cold-water tap works rapidly and smoothly, whereas the old tap was of a kind best calculated to ruffle the temper as well as the clothes, but no opportunity has yet been afforded of testing the hot-water supply. The other sink has not yet been touched, and that in the side-room is as yet unfinished.

The fire-place is surrounded by a low stone fender, well adapted for dressers to stand upon and warm themselves, but the authorities might with advantage have supplied a mantel-shelf to lean their shoulders against, and this, too, would have improved the look of the bare space over the fire, and would have been most useful as a receptacle for instrument cases, porringers, pipes and evening papers, which things are now usually deposited on the top of the lint in the dressing-stand.

The lighting of the Surgery was recently improved by the establishment of three "incandescent" gas-burners in the centre, in place of the dubious single burner of Argand type, whose chains and rings used to serve so well for tilting tournaments in the evening. A better supply of light might be arranged along either side of the room, where many dressings have at present to be performed in comparative obscurity. The arrangements for a hot kettle and sterilization of instruments are, we hope, not yet complete. There should be at least three burners constantly alight—one for the kettle, a second for the sterilizer, and a third for strapping after the manner in vogue in the Back Surgery. Why it should be supposed that sterilization of instruments in the case of wounds which are very hotbeds of pyogenic cocci should be an exceptional thing we cannot imagine. Every possible facility should be afforded for disinfecting instruments and dressing wounds as cleanly as possible, instead of these things being, as at present, a most difficult and laborious task. The number of cases which must suffer at present from the use of unclean instruments, and from the idea that precautions taken in the wards are useless in the Surgery, must be very considerable.

The dressing-stand is also a comparatively recent acquisition. It is very conveniently arranged with drawers for the chief different dressings and appliances, and with open compartments and a shelf for those that are in constant demand.

But with all these improvements, we must say that our Front Surgery does not compare favourably with that of some other London hospitals, and that it is very far from the ideal. In the first place, it is far too small for the very large strain laid upon it more especially between the hours of 11 and 3, and we hope that it may before long be found possible to separate, partially at least, the old from the new patients, and so give the dressers of the taking-in firm a clearer field of work. In the second, we always felt from the very first time that we entered the walls of the hospital how disgusting a sight it was for a visitor and how objectionable for a patient to sit in full view of the big chair in the middle of the room, in which some of the most bloody dressings and minor operations are carried out. That patients should be kept waiting is often a necessity—though this consideration is often too lightly regarded by their dressers—but there is absolutely no reason why arrangements should not be made, and that without delay, for screening off the patients, who are waiting, from the rest of the Surgery. Harmless dressings, such as are now carried on at the side-benches, might still be carried on outside the screen, but the chief dressings would thus be hidden from the sight of the expectant patient and the curious passer-by.

Then, again, there is crying need for further couches and sitting accommodation. Catheter cases, rectal and perineal cases, men with injuries to the back and legs, have all to be attended to on two couches; and when it is no uncommon thing for one such a case to occupy a couch for half an hour, it stands to reason that the dressings are much delayed, and not infrequently in consequence performed but imperfectly in a stooping or sitting position. It is difficult to see how such further accommodation can be supplied in the present Surgery, but it is a matter calling for the earnest attention of the authorities in view of possible changes in the near future. At the same time, it should be possible to secure much greater privacy of examination than is now the case. At present not only are men and boys frequently dressed at the same time behind the same screen (of which article we are proud to say there are now two), but patients are often compelled to witness wounds which will turn even the stomach of a Borough

bargee, and still oftener the delicate mind of Borough aristocracy.

The women's Surgery is as yet untouched. If the men's department is unsatisfactory, that of the women is absolutely deplorable. Here there is a small L-shaped space with sitting-room for about twenty patients, when there are often forty waiting at a time. There is one chair on which to dress these forty patients. All but the fortunate possessor of that one chair, or of the couch and chair in the side-room, must be dressed where they sit or stand side by side with those that are waiting to be dressed. Many patients have to stand for half an hour outside the surgery altogether. The small space in the middle of the room is largely occupied by the nurse's table; and if a case is brought in on a stretcher and deposited sideways across the room (there is no room for it straightways) with the poles projecting at one end into the fire-place and at the other through the doorway, the gymnastics that ensue in its avoidance, the trippings and bumpings, the opinions expressed, and, over and above all, the opinions not expressed, are worthy indeed of a monograph. It would be impossible to suggest any remedy in the present arrangement of rooms, but we hope the powers that be may be able in the near future to keep in use the women's Surgery for male old cases, and to find quarters for the women elsewhere.

In conclusion we should express our gratitude to the authorities for the very useful improvements already made, and express our hope that some of the further alterations suggested may be carried out before long, while at the same time we fully recognise the difficulties with which they have to cope, and admire the wisdom and energy they have shown in their undertakings.

Sport.

REPORT OF 2ND ELEVEN MATCHES.—SEASON 1896.

Although the season has proved most successful, we have very little cause to be as proud of our "Second" as one has a right to expect.

Throughout the season, certain of our members have shown decided lack of keenness, some scratching on the evening before the match, while others have sometimes left their names on the card until as late as the following morning. In this respect, however, there has been distinct improvement on previous years, and we have great reason to hope that next season will see the last of this old standing complaint. As it is, our "Second" is equal to any other London hospital and there is no reason why, with more keenness, we should not be equal to beating far stronger clubs than we play at present.

During the past season we have played twelve matches, eight of which have been won, three lost, while that against Bart's. 2nd was drawn. We were beaten by Granville 2nd twice and once by Croydon 2nd. We have lost 101 wickets at a cost of 17·7 runs per wicket, while our adversaries 109 wickets only show an average of 10·2.

From the above it will be seen that we were fairly strong both in batting and bowling.

Hunter, although not top of the batting averages has been the most consistent scorer and both with the bat and ball has rendered invaluable service to the team. Palmer has done the lion's share of the bowling, while DeCoteau and Butler have proved useful in either capacity. Averages:—

Name.	Runs.	No. of Innings.	Times not out.	Most in an Innings.	Average.
A. E. Causton	206	7	0	79	29·4
T. Morgan ...	162	7	1	52	27
P. D. Hunter ...	213	9	0	45	23·6
H. Durbridge ...	132	6	0	61	22
J. Beavis... ...	97	6	0	32	16·1
H. H. Butler ...	126	9	1	20*	15·7
W. G. Palmer ...	94	7	1	49	15·6
H. A. Gaitskill ...	56	4	0	30	14
W. H. P. Barrow	64	7	2	29*	12·8
J. T. De Coteau	113	9	0	41	12·5
F. R. Featherstone	32	4	0	17	8
M. Thornley ...	21	5	2	16	7

* Not out.

Appointments.

CIVIL.

BEDDOE, D. M., F.R.C.S., has been appointed House-Surgeon to the Newport and Monmouthshire Hospital, *vice* Richard Coates, resigned.

LAWSON, G. L. L., L.R.C.P. Edin., M.R.C.S. Eng., D.P.H. Edin., has been appointed Health Officer at Galgoo, Western Australia.

LITTLEWOOD, JOHN O., L.R.C.P. Lond., M.R.C.S. Eng., has been re-appointed Medical Officer of Health to the Blackwell Rural District Council

MANNING, GUY E., M.B. Lond., M.R.C.S., L.R.C.P. Lond., has been appointed House-Physician to the Sunderland Infirmary, *vice* B. Cox, resigned.

RICHMOND, B. A., B.Sc., M.B., B.S. Lond., has been appointed Assistant Medical Officer to the Brook Fever Hospital, Shooter's Hill.

STOKES, A. S., L.R.C.P. Edin., M.R.C.S., has been re-appointed Medical Officer for the Weldon District of the Oundle Union.

MILITARY.

BARROW, H. J. W., Brig.-Surg.-Lieut.-Col., has been transferred from Woolwich to the Curragh.

HEWETSON, H., Surgeon on probation, has been appointed Surgeon-Lieutenant.

(For promotions in the N.M.S., see Services column.)

Birth.

GOODALL—On August 19th, at Homerton, the wife of E. W. Goodall, M.D., of a son.

Marriage.

INGRAM—JACKSON.—On August 15th, at St. Aloysius', Folkestone, by the Rev. Father Dennan, Reginald Edward Tierney Ingram, eldest son of Colonel Ingram, of Woolwich, to Ella Ogilvy Erskine, only child of Major-General Jackson of Kirkbuddo, Forfar, N.B., and Folkestone.

Deaths.

HOWES.—On August 14th, at Peckham Rye, Gerald Sidney Owen Howes, L.R.C.P., M.R.C.S., aged 30 years.

WILLIAMS.—On August 23rd, at Guy's Hospital, after a short illness, Arthur Henry Williams, M.A., M.B., B.C. Camb., of 54, London Road, St. Leonards-on-Sea, aged 34 years.

ED.—F. E. F.

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M. A. B.

The M. A. B. arrangements are as follows:—

Eastern at Homerton (Dr. Goodall), Tuesdays and Fridays at 11, from October 13th.

Western at Fulham (Mr. Bruce), Tuesdays and Fridays at 11, from October 6th.

South-Western at Stockwell (Dr. Caiger), Tuesdays and Fridays at 11, from October —.

South-Eastern at New Cross (Dr. Turner), Tuesdays and Fridays at 11, from October —.

Fee: Three Guineas for two months or Four Guineas for three months. For further particulars apply to the Office.

Calendar of Coming Events.

Sept. 26.—Mr. Howse's take-in; D., W. Mussellwhite and J. G. Watt; Cl., T. L. Jackson.
" 30.—Mr. Davies-Colley's take-in; D., Evan Evans and M. H. Way; Cl., C. C. Stead.
Oct. 1.—4 p.m., 1st Lecture in Dental Surgery.
6.30 p.m., Biennial Dinner.
" 2.—9.30 a.m., 1st Demonstration in Pathology.
" 3.—1.15 p.m., Clinical Lecture by Dr. Taylor.
G. H. R. F. C., Trial Game at Honor Oak Park.
G. H. A. F. C., Beckenham, away.
General Meeting of the Physical Society.
Oct. 5.—Noon, Guy's Hosp. Auxiliaries' Mess Meeting.
4.15 p.m., General Meeting of "Dis-Guysed" Minstrels.
" 6.—1st Conjoint Examination.
1st Part Camb. Diploma Public Health Examination.
8 p.m., Guy's Hospital Missionary Society Meeting.
" 7.—1.30 p.m., Clinical Lecture by Mr. Davies-Colley.
Mr. Lucas' take-in; D., F. S. Batchelor and B. B. Gough.
G. H. A. F. C., Trial Game.
" 8.—2nd Conjoint Examination.
4.30 p.m., Guy's Hospital Christian Union Inaugural Prayer Meeting.
" 10.—Certificates of Registration as Medical Students due at Medical School Office.
1st Meeting of Debating Society.
1.15 p.m., Clinical Lecture by Dr. Taylor.
G. H. R. F. C.—I. Blackheath, away.
II. Beckenham, Honor Oak Park.
G. H. A. F. C.—I. Subiton Hill, Honor Oak Park.
II. Surbiton, away.

Guy's Hospital Gazette.

SEPTEMBER 26, 1896.

October the First.

THE wheel of life has travelled through another circle and brings us round again to the beginning of a new academic year. It is on these occasions that we are wont to spend an evening in common, Guy's men of to-day and Guy's men of many years ago, to renew our common feeling for the hospital to which we owe our medical existence and to refresh our moral sense and energy. For long it has been customary for some member of the staff or practitioner of standing and experience to give an address introductory to the work of the winter session; and this has of late years been preceded by a "house-dinner" in the College. On this occasion, however, the rule is in abeyance, and the place of the house-dinner and speeches has been taken by the great Biennial feast of Guy's men at the Hotel Cecil, where two hundred and fifty covers will be laid on Thursday next. For this most Guy's men will be heartily sorry, if only for the sake of the traditions which couple the evening of October the first with the lecture-theatre, crowded to overflowing, pit and galleries, and thick with the perfumes of My Lady Nicotin! Inevitable as this conflict of events appears to have been from the point of view of the Biennial diners, the loss will be no less appreciated by many students who have been accustomed to spend the first night of the winter session in the traditional manner than by the new comers, who enjoy anything which seems to draw them within the select pale of the profession, and start their work all the more zealously for the stimulating influence of an impressive scene

and the exhortation to noble and uncorrupt lives from the mouth of someone whose presence compels respect.

To all such novices who for the first time are entering the corporate life of our hospital, we bid a hearty welcome and offer our sincerest wishes for a smooth and successful career. They will soon realize that it is no small undertaking that they have chosen in entering the medical profession through the wards and rooms of our hospital. For it is not with us as with so many hospitals, where the hospital work is but a means to an end, where the work is looked on only with a view to examinations and the name is entered frequently only as giving an excuse for a foothold in London and an independent career. Every student of Guy's is expected to pride himself on the hospital, and to advance its interests in whatever way he can. The hospital is to be to him an end in itself as well as a means to an end; the real value of all work within its walls will depend very largely on the interest and care with which the work is carried through, regardless of the mere necessities of examination; the greatest benefit that can be obtained from the life of a Guy's student is by supplementing his zealous work with a no less zealous patriotism. This has always been a special feature at Guy's, and one of the chief professors at Cambridge was heard to exclaim that no other hospital in London could boast any *esprit de corps* worthy of the name. No higher praise can be bestowed on any institution; no greater testimony could be given of its vitality; and it is for each new student who joins to see that he does all in his power to promote this spirit; that he be slow to take offence and quick to forgive; that he should interpret charitably actions which he cannot understand, and praise the good rather than proclaim abroad the unpleasant parts of his experience; that he should be careful never to talk evil of a man which he would not dare to talk to his face; but that he should not flinch from giving his honest opinion freely and fully in his presence when called upon to do so. Dirty linen must be washed sometimes, and there is sure to be some in a large institution such as ours; but the washing must be done privately, and on no account be shown off even to single spectators of the outer world. So will Guy's present an even front to its adversaries, if such it has, and to its rivals.

In other ways, too, each new student will be able to help the hospital with which he has thrown in his lot. It is to be hoped that he is fond of some form of athletic sport; in such case he should spare himself no trouble to become fit for a representative place, at least in the third, if not in the second or first, team of that department of sport. If likely to be chosen to play in the cup-tie, it is an unpardonable crime for him to refuse to play except on important grounds, and it should be a sacred duty as well as a pleasure for him to go frequently to the Gymnasium and Honor Oak Park for training and practice, aud to turn up punctually at every match. In any case let him look down the list of constituent institutions in the Blue Book or in this number of the GAZETTE and see in which he is most interested; the officers of each will be always ready to answer questions either personally or by letter; and with those that please him best let him throw in his lot consistently throughout his career, and he will win the respect of others in the hospital, whether in authority or not, and at the same time run a better chance of preserving the *mens sana in corpore sano*. As an instance in point we may add that anyone who can sing in harmony or play a string or wind instrument, or play the buffoon in public, should send in his name to the secretary of the "Dis-Guysed" Minstrels.

Finally, each student may materially help his hospital by assisting in the collection of funds on behalf of the hospital. During the past year, the students' staff have collected over £20,000 for this purpose; and, without much inconvenience, an occasional word in season will act directly on someone who has money to spare, or indirectly through the means of a medical man or a solicitor, who has the advice in making wills, and so the scheme of re-endowment may be advanced. But concerning this, Mr. Wells at his office will be very glad on any day to give further information.

But in so large a community as our own, each member has his part to play in relation to every other, and he is bound to see that he is properly cleaned and oiled, to take a metaphor from the universal topic of society, so that he may roll smoothly in and out of his fellows in the bearings of this complex machine. The best manners and the jolliest face will be found invaluable accessories to life, and if undue familiarity be avoided and the necessary caution exercised in the making of friends, it will be found to be an assistance rather than a hindrance in making valuable friendship. It frequently happens that the wheel of life sticks or grates against some obstacle; but, as Stevenson says in his inimitable essays, "everyone has a duty to society; there is enough trouble in the world already, and he who makes others miserable by imparting to

them his own is nothing less than a criminal." Again, as men advance in their hospital career, they will enter a new stage of existence in the wards, and it will be their business as well as their pleasure to cultivate the most scrupulous and consistent courtesy in their relationship with the nursing-staff of the hospital.

But, after all, if we will confess it, the chief interests of life are in oneself, and it is his duty to himself that must guide most of a man's actions throughout his life. We have already touched on the element of athletic sport. With regard to mental recreation, the natural advice is in all things to observe the golden mean. Theatres and concerts, and expeditions up the river, are all most excellent in moderation; they form a healthy and almost necessary relief to the strain of much reading; and the first years at the hospital give a most valuable opportunity for getting away into the country for the week-end, and enjoying fresh air and a change of conversation and company. Freshmen should be cautioned, too, against limiting their interests to the single range of their future profession. As Dr. Wilks said, in an introductory lecture given in 1860, "I see that it is no detriment to a student's career in his seeking to obtain some knowledge of affairs which, at first sight, may be considered extraneous to his pursuits; but, on the other hand, I feel that many matters may be contemplated with advantage. Indeed, I consider that those only who have a wide range of thought can hope to elevate their respective professions, seeing that all the phenomena of mankind are so commingled." It is an excellent thing that they should indulge some hobby; if musical, they have the Guild-hall School of Music only a mile off, where excellent lessons may be obtained very cheaply; if literary, they have the run of a well-chosen library in the College. The excuse of not having time enough is useless. If a hobby be useful, time may be made for it; and there are very few people who so use up every minute of the day, that they cannot afford half an hour to spare for the piano or a novel. But, of course, their main interests must be in their work; and here, above all things, let them be cautioned against taking it easy at first. Such men do not realise the immense difference which a first impression makes on the demonstrators; or that many of their subsequent and most important appointments may depend absolutely and entirely on the reports of their work in their first year.

And to this end it will be no use to live near the hospital with a view to being close by so as to see accidents and operations. If men are wise they will never waste their time during their first two years, either in going to see an operation, of which practically nothing of importance can be seen or understood by a junior man, or by going to the more advanced lectures prematurely. They will do best if they take the opportunity of the proximity of London Bridge station to live near the athletic ground at Honor Oak Park, or in some other part where the air is at least tolerably pure, and the surroundings different from those of the Borough and hospital. Even so conscientious and regular work will be found a sufficient strain; although it should not be too great, as every man should be able with steady work to pass his examinations. Napoleon boasted that every one of his soldiers bore a potential marshall's bâton in his knapsack, and the same may be said of the medical student. "I have such a faith," says Dr. Wilks, "in an untiring energy of purpose in accomplishing its ends, whether for good or for evil, that I know the fulfilment of the wish is sure to be obtained." But it is not only energy that is required, but an intellectual humility also. Some men hate to appear in ignorance of anything, and eventually deceive themselves very likely without deceiving others on the point. This is absurd, for no man can know everything about a subject, be he student or consulting physician; and it is always best for a man to be absolutely candid with himself as to what he does and what he does not know. It is only by frankly recognising his ignorance that he can be sure of filling up the cracks and holes against the examination.

Perhaps the best advice after all that can be given to a student at the beginning of his career is to find a hero and worship him. There are many opportunities of finding a hero amongst the qualified men who figure at the hospital; with imagination—a gift that should be cultivated—a composite hero may be devised, if it be preferred; and innocent hero worship will do no harm, and to some minds may be of invaluable assistance. After all, we live on Darwinian rules; the weakest in energy or intellect, morality or power, goes to the wall, and we must lay hold of every straw that may help in keeping us afloat.

> Justum et tenacem propositi virum
> Non civium ardor prava jubentium,
> Non vultus obstantis tyranni
> Mente quatit solida, neque Auster.
> HOR. OD. III. 3.

Guy's Hospital. Founded A.D. 1722.

THOMAS GUY, at whose "sole costs and charges" this Hospital was founded, was born in the year 1645, in the parish of St. John, Horselydown. At the age of fifteen he was bound apprentice in the porch of Mercers' Chapel in Cheapside to Mr. John Clark, bookseller. In 1668, his apprenticeship ended, he became a Freeman of the Stationers' Company, and of the City of London; and started in business with a capital of about £200, at the "little corner house of Lombard Street and Cornhill." His business flourished, and he gradually acquired wealth. He printed a large number of bibles, having obtained from the University of Oxford an assignment of their privilege; and he was not only a printer but also a publisher of books. In the year 1695 he was returned to Parliament as member for Tamworth, and he subsequently sat in all the Parliaments from the third one of William the Third to the first one of Queen Anne.

In the year 1720 his wealth was increased by the sale of his investments in the South Sea Stock, and he was thus enabled to carry out what appears to have been a long-cherished and carefully considered scheme—the foundation of the hospital which bears his name. At Christmas of that year he leased for the term of 999 years the ground on which he proposed to build, and during the ensuing year the site was cleared and prepared, and building was begun under the direction of Mr. Stear as architect.

On the 24th of September, 1724, Guy made his will, and on the 27th of December he died, in his eightieth year. He survived long enough to see the building completed. In a little more than a week after his death the hospital was opened; and on Thursday, the 6th of January, 1725, sixty patients were admitted. On the 6th of April the first committee of governors was held, and three days later two physicians and two surgeons were formally appointed.

Guy's original building, Guy's House (I. on the plan in the front of the green book), which is now occupied mainly by the surgical wards, was enlarged by the addition of the east wing in the year 1738, and about thirty years later the west wing was added. In 1744 the lunatic house was built for the accommodation of twenty confirmed lunatics, in accordance with directions contained in Guy's will. In 1859, the governors of the hospital, in the exercise of their discretion, provided for the reception of its inmates elsewhere, and converted the building to general hospital purposes. It is now known as the Clinical House (II. on the plan in front of green book).

On the 8th of February, 1828, William Hunt, merchant and citizen of London, and for many years an influential governor of the hospital, added a codicil to his will, by which, after providing for certain annuities and bequests, he left the residue of his property to the "Treasurer and Governors of Guy's Hospital for the benefit and purposes of that institution." In the following year Hunt died, and his estate realised about £200,000, of which £180,000 came to the funds of the hospital.

In the year 1850 the central portion, together with the south wing of the large structure now known as the medical building—or Hunt's House (III. on the plan in the front of the green book), was begun under the superintendence of Mr. Rhode Hawkins, as architect. This building was completed by the addition of the north wing in 1871.

THE MEDICAL SCHOOL OF GUY'S HOSPITAL.

The school of medicine and surgery attached to Guy's Hospital may be considered to date its formal commencement from about the year 1769, when a resolution was approved by the governors to the effect that "All such persons as shall be chosen surgeons of this hospital shall occasionally give lectures on surgery to the pupils that shall be entered at this hospital." A short time before this, however, Dr. Saunders, who had previously lectured on medicine at his house in Covent Garden, on being appointed physician to the hospital, began delivering his lectures here. He may, therefore, be regarded as the founder of the medical school.

In the year 1768 it was resolved "that the barrier between this hospital and St. Thomas's be taken down, and that the pupils of St. Thomas's have free leave to see not only the operations, but also all the other practice of this hospital." Corresponding advantages were afforded to all the students of this hospital by the governors of St. Thomas's. In the year 1825 this union was dissolved, and by a resolution of the governors of Guy's Hospital the treasurer was requested and authorised "to make such arrangements as he may find necessary to provide for and place the surgical school of this hospital in all its departments on the most respectable and efficient footing." In accordance with this resolution a block of buildings (IV. on the plan in the front of the green book) containing the anatomical theatre, the museum and dissecting-room, was erected at the cost of about £8,000. On the 21st June, 1826, the treasurer reported "all the school buildings ready and occupied."

In the year 1850 a new dissecting-room, with a demonstrating theatre adjoining, was built, the original dissecting-room being thrown into the museum. In 1871 a new laboratory for the summer course of practical chemistry was erected, and in 1872 the dissecting-room was enlarged and improved. In the early part of 1878 the museum was extended by the addition of several class-rooms, and in the following year a new mortuary and post-mortem-room were erected.

In 1888 a pathological laboratory was built adjoining the post-mortem theatre, and the accommodation in the physiological department was increased by the erection of two class-rooms provided with the necessary appliances and apparatus.

In 1890 the residential college was opened, having been built and furnished at a cost of £21,000.

In 1892 the Petersham buildings were erected adjoining Petersham House. The block comprises a large and well-lighted chemical laboratory, a lecture-room and laboratories for experimental physics and bacteriology, together with the extensive accommodation required for the dental school.

Supplement to "Guy's Hospital Gazette."

SEPTEMBER 26th, 1896.

L. C. PANTING.

T. L. JACKSON.

C. H. FAGGE.

C. T. ANDERSON.

P. N. VELLACOTT.

NEW

HOUSE APPOINTMENTS.

October, 1896.

J. HOWELL.

W. E. PLUMMER

Lectures* for Sessions 1896–97.

WINTER SESSION. OCTOBER—MARCH.

†	LECTURERS.		DAYS.					
Anatomy (1st & 2nd)	Mr. Clement Lucas and Mr. Lane ...	9	—	Tu	W	Th	Fri	—
Morbid Histology (3rd)	Dr. Pitt	9.30	—	—	—	Th	—	Sat
Pathological Classes (3rd & 4th)	Dr. Shaw	9.30	—	Tu	—	—	Fri	—
Bacteriology (Nov. & Dec.) (4th)	Dr. Washbourn	9.30	—	Tu	—	Th	—	Sat
Medical Jurisprudence (January) (3rd & 4th)	Dr. Stevenson	10	—	Tu	—	Th	—	Sat
Practical Obstetrics (3rd & 4th)	Dr. Horrocks	10.15	—	—	W	—	—	—
Chemical Physiology (Jan.) (2nd)	Dr. Starling, Dr. Fawcett & Mr. Hopkins	10.30	—	—	—	—	Fri	—
Biology and Botany (pre. sci.)...	Mr. Beddard and Dr. Stevens	10.30	—	—	W	—	Fri	—
Chemistry (1st and pre. sci.) ...	Dr. Stevenson (October–December) ...	11	—	Tu	—	Th	—	Sat
Advanced Practical Physiology (3rd)	Dr. Starling	11.30	—	Tu	—	Th	—	—
Practical Medicine (3rd) ...	Dr. Bryant	12	—	—	—	Th	—	—
Experimental Physics (pre. sci.)	Professor Reinold and Mr. Wade ...	12	M	—	—	—	Fri (2)	—
Practical Surgery (3rd)	Mr. Targett	12	M	—	W	—	Fri	—
Physiology (2nd)	Dr. Washbourn and Dr. Starling ...	12.15	M	—	W (11)	—	Fri	—
Clinical Medicine (3rd & 4th) ...	The Physicians	1.15	—	—	—	—	—	Sat
Surgery (3rd)	Mr. Howse & Mr. Davies-Colley (6 weeks each)	1.30	—	Tu	—	Th	Fri	—
Clinical Surgery (3rd & 4th) ...	The Surgeons	1.30	—	—	W	—	—	—
Elementary Biology (1st) ...	Dr. Stevens and Mr. Steward	1.45	—	—	W	—	Fri	—
Mental Physiology (Oct. & Nov.) (3rd & 4th)	Dr. Savage and Dr. Rivers	2	M	—	W	—	Fri	—
Morbid Anatomy (3rd & 4th) ...	Dr. Pitt and Dr. Perry	2.30	M	Tu	W	Th	Fri	Sat
Medicine (3rd)	Dr. Pye-Smith and Dr. Taylor (6 weeks each)	3	M	—	W	—	Fri	—
Ophthalmic Surgery (Jan.) (4th)	Mr. Higgens	3	—	—	W	—	—	—
Public Health (Jan.) (4th) ...	Dr. Sykes	4	M	—	—	—	Fri	—
		—						
Dental Surgery and Pathology...	Mr. Newland-Pedley	4	—	—	—	Th	—	—
Metallurgy	Mr. Groves	4	M	—	—	—	—	—
Dental Anatomy & Physiology...	Mr. Maggs	4.30	—	—	W	—	—	—

SUMMER SESSION. MAY—JULY.

	LECTURERS.		DAYS.					
Midwifery (3rd)	Dr. Galabin and Dr. Horrocks ...	9	—	Tu	W	Th	—	—
Diseases of Women	Dr. Galabin	9	—	—	—	—	Fri	—
Pathology (3rd)	Dr. Pitt	9	—	—	—	—	—	Sat
Mental Diseases (3rd)	Dr. Savage	9.30	M	—	—	—	—	—
Morbid Histology (3rd)	Mr. Targett	10.30	M	—	—	Th (9)	—	—
Bacteriology (May & June) (4th)	Dr. Washbourn	9.30	—	Tu	—	Th	—	Sat
Chemistry (1st pre. sci.)... ...	Mr. Groves	10	—	Tu	—	Th	—	Sat
Practical Chemistry	Mr. Groves, Mr. Wade and Mr. Hopkins	10-1	M	—	W	—	Fri	—
Practical Obstetrics (3rd) ...	Dr. Horrocks	10.15	—	—	W	—	—	—
Biology and Botany (pre. sci.) ...	Mr. Beddard and Dr. Stevens	10.30	—	—	W	—	Fri	—
Histology (1st)	Dr. Starling, Dr. Fawcett and Mr. Hopkins	11	—	Tu	—	Th	—	Sat
Practical Medicine (3rd) ...	Dr. Bryant	12	—	—	—	Th	—	—
Experimental Physics (pre. sci.)	Professor Reinold and Mr. Wade ...	12	M	—	—	—	Fri (2)	—
Clinical Medicine (3rd & 4th) ...	The Assistant Physicians	1.30	—	—	W	—	—	—
Clinical Surgery (3rd & 4th) ...	The Assistant Surgeons	1.30	—	—	—	—	Fri	—
Clinical Gynæcology (3rd) ...	Dr. Galabin	1.30	—	Tu	—	—	—	—
Chemical Physics (1st)	Professor Reinold	2	—	—	—	—	Fri	—
Morbid Anatomy (3rd & 4th) ...	Dr. Pitt and Dr. Perry	2.30	M	Tu	W	Th	Fri	Sat
Materia Medica (2nd)	Dr. Hale White	3	M	—	W	Th	—	—
		—						
Operative Dental Surgery ...	Mr. Badcock	12	—	—	—	—	—	Sat
Dental Mechanics	Mr. Wynne Rouw	4	—	Tu	—	—	—	—

* No effort has been made to include the many demonstrations or practical work.
† The numbers in this column refer to the years in which this course should be attended.

The Sciences.

ANATOMY AND THE DISSECTING-ROOM.

How to begin Work.

THE first working day spent at Guy's hospital is always a memorable event. There is a feeling of strangeness, which is quite natural. We are but vaguely conscious of what is to be done, and blissfully indifferent how to set about it. The very names of the subjects we have been told to learn convey no meaning, and the school buildings, with their various class-rooms and theatres, are an unexplored country through which we travel as in a maze.

For the help of the new men, it is proposed to give such instructions as they may need in beginning the work of their first winter session at Guy's. It will be assumed that they have already decided what the general course of their study is to be, that is briefly, whether they are going in for the Preliminary Scientific examination of the London University or not. Information on these matters is readily obtained at the medical school office, and any student who is not clear in his mind as to the examination he has to prepare for should read carefully page 64 in the green book.

After the first few days men soon become familiar with the work, and learn from one another. But at first they have made no acquaintances, and all around them are strangers alike.

Thursday, October 1st.—There is no actual work done on this day, but each student should pay his guinea for material in the medical school office, and take the receipt across to the dissecting-room and present it to the demonstrators. He should then study the red book—which contains the rules of the dissecting-room—and purchase some instruments and the other paraphernalia therein indicated. Any spare time is well spent in learning where the museums, class-rooms, and theatres are situated. The ground plan at the front of the green book will show them at a glance, and serve as a very efficient guide.

Friday, October 2nd.—At 9 o'clock in the morning the start is made, and we get our first introduction to the duties of hospital life at a lecture in the anatomical theatre, and at 1 o'clock a demonstration is given in the small theatre attached to the dissecting-room, both of which every new student is expected to attend.

To find a "part."

Look down the lists of names on white cards which are suspended upon the wall of the dissecting-room opposite each subject or body. Be careful to take the proper side (right or left) which is allotted to you. If you fail to find your name on these cards, make yourself known and report the fact to one of the demonstrators present, who may be recognised by his white coat. The next thing is to obtain a bandage and cloth from the attendant (Hancock), who will be found in a room outside the dissecting-room. With these the "part" must be covered up at once to prevent the skin from drying. If the "part" is a limb, bandage it firmly from the hand or foot upwards as far as the bandage will go, and cover the remainder with a cloth.

The Requisites for Dissection.

The following articles are essential, and must be purchased at once:—

a. Case of instruments. This should contain at least four knives, forceps, scissors, hooks, needle and blowpipe. Price 15s. to 18s., at Messrs. Down Bros., of St. Thomas's Street; or at Messrs. Hills & Co., of Newcomen Street.

b. Books. These are obtainable at Grattan's in the Borough, next door to the post office. It is advisable to obtain either *Ellis's Demonstrations of Anatomy* (9s. 6d.), or, better, the more expensive *Cunningham's Practical Anatomy* (2 vols. 9/6 each) for use in the dissecting-room, which show how to proceed and what is met with in the course of dissection; *and* one at least of the standard text-books, viz., Gray, Morris or Quain. The inquirer will hear their merits compared at the introductory lecture and demonstration; if still in doubt he should consult personally one of the demonstrators, and take with him any old text-book he may possess for inspection and advice as to its use.

c. An apron and sleeves for the sake of protection and cleanliness. These are sold by Hancock. Any old coat may be worn under them. Instruments, books, apron and coat must be safely put away in a locker provided for the purpose; the key is obtained by making a deposit of 5s. at the medical school office. During the day hats and coats are kept at a special cloak-room near the dissecting-room.

How to Dissect.

The instructions given on this point in the text-books are by no means clear to one who has never done any dissecting in his life, and who does not know the meaning of half the scientific words in which the directions are given. He finds quite a new language in use, and no translation of it in the margin. Thus, he is told to "make an incision," instead of "cut"; to "reflect the integument," for "turn back the skin"; "anterior and posterior," instead of "in front and behind." Not a little of the difficulty and dulness attaching to anatomical descriptions depends on the need of a mental translation of the language in which they are written.

To deal fully with the skilful art of dissection is unnecessary here, and we will merely give such short directions as are needful for the work of the first two or three days. The objects of dissection are—firstly, to educate the sense of touch, and to teach the hand and the eye to work together in delicate manipulation; and secondly, to enable the student to see and handle the different structures that he reads about in his books. It is most decidedly not the object of dissection to lay bare the bone in the middle of the "part" in the shortest possible time. That is butchery, not dissection. The following advice, then, may be given:—

1. Cut through the skin along the lines given in the books.

2. Turn back *the skin only*, leaving the fat upon the body. This is done by holding the knife obliquely with its edge towards the skin.

3. Take away the fat carefully without damaging the flesh or muscle underneath it.

4. Clean the surface of the muscle. To do this make the muscle taut by moving the limb, or pulling on it with hooks; then with the point of the knife clear away everything covering the muscle by working *with* its grain or fibre, *not* against it.

5. Before taking any fresh step in your own dissection get a notion of the arrangement of the parts you are going to expose, either from another man's part, or from the wax model museum preparations.

6. Work very slowly at first. To turn back the skin carefully is quite enough to occupy the first day's work-time.

7. Cover the "part" up with a cloth before leaving it for the night.

The red book *containing* the rules of the dissecting-room will be found to contain a lot of useful information, which we give in full below, and should be read with care, and then kept always at hand.

OSTEOLOGY.

Usually considered a very dry subject; hence commonly studied in a stuffy museum after a heavy lunch with—the usual result. Like other branches of anatomy, it must be learnt practically, by handling the bone, reading the description of it, and noting the various marks upon it, each one of which has its meaning. In order that the bones may be studied at home as well as at the hospital, it is very important that each student should possess them. Half-sets of osteology, that is, the bones of one side of the body with the spine and head, can be obtained second-hand at a very moderate outlay, and if carefully used they will at the end of the course readily fetch half the original cost, or even more. Some very useful half-sets (second-hand) are to be seen at Messrs. Millikin & Lawley's, 165, Strand, W.C., price 30s. If these are disposed of at the end of the second Conjoint examination for half the price, it follows that the immense advantage of having the bones always at hand while preparing for the examinations is obtainable at the expense of a few shillings.

In selecting a half-set of osteology it is well to have the guidance of a fellow-student who is familiar with them. See that the half-set is complete, and that each bone is of the *same* side. Avoid "the nice white bones," which dealers always charge extra for, and choose the rougher, better marked and dirtier ones. The preparation which makes them white, does away with many of the marks and ridges which have to be studied. With regard to the disarticulated skulls, try the separate bones and see whether they fit into each other properly, as it is not uncommon to find skulls offered for sale, the bones of which have come from different subjects, and hence cannot be articulated.

It may be necessary now that the "Bone" examination has been done away with at the College, to caution men against neglecting the subject during their first year. They will find the second year's work quite heavy enough as it is, and moreover may suffer the mortification of being spun in the Hospital Bone examination at the end of the first winter session, if they neglect the bones in their first month's work.

RULES OF THE DISSECTING-ROOM.

1. Every first year's student, and every second year's student who has passed the biology and chemistry of the first Conjoint examination, is expected to attend in the dissecting-room on the first day of the winter session, between the hours of 1 and 4 p.m., or on the second day between the hours of 10 a.m. and 12 noon. Each student must bring with him a voucher indicating that he has paid the special fee for material, which voucher must be handed to the demonstrator in order that the student's name may be enrolled in the appropriate class list. Any second year's student who has not passed the first Conjoint examination by the commencement of the second winter session shall attend for the above purpose in the dissecting-room within one week of completing that examination.

2. The fee for material (which should be paid in the medical school office on or before the first day of the winter session, between the hours of 10 a.m. and 1 p.m.) is as under: —

WINTER SESSION, or any part of the winter session—

First year's students	21s.
Second year's students	
Students senior to the second year, but not yet through the second Conjoint examination	
Students going up for the first F.R.C.S. or M.B. of any University	
Students going up for the L.D.S. examination only	10s. 6d.
SUMMER SESSION.—All students	10s. 6d.

Students entering in January, or those who, having entered in October, have, by permission of the senior demonstrator, deferred dissecting till January, shall be allowed to dissect during the summer session (subject to Rule 24) without paying any further fee.

3. The senior demonstrator (Mr. A. D. Fripp) will meet the first year's students on the second day of the session at 1 p.m., and give them a demonstration to initiate them into the work of the dissecting-room. A ballot will be held immediately after this demonstration to determine the order in which parts shall be allotted to students.

4. On the following day the bone classes, which are held by Mr. Hamilton and Mr. Steward, begin. Every student is advised to purchase a half skeleton and to bring to the class the bone or bones which will form the subject of the demonstration. Regular attendance at these classes is compulsory until a student has passed in elementary anatomy. A student attending the class that is studying (A), (B) or (C) in Rule 8, will either at

once or when his turn comes, be allotted a part corresponding with the class work. Should he not be fortunate enough to draw an early number, he will have the advantage of studying on the skeleton and in the wax model museum the anatomy of his part before he attempts to dissect it.

5. The senior demonstrator will meet the second year's students on the third day in the session at ten o'clock. The second Conjoint class demonstrations, given by Mr. Hamilton and Mr. Steward, begin early in the following week.

6. No student shall be enrolled in the second Conjoint list or allowed to begin dissecting as a second year's student until he has passed in biology and chemistry at the first Conjoint examination, and the examination in elementary anatomy held at Guy's.

7. The notice-boards in the dissecting-room should be examined daily throughout the session. Here will be found class lists, notices of allotment of parts, announcements of vacancies for prosectors, arrangements for examinations, etc., and notices of alterations in standing arrangements. Every student's name should appear in one of these class lists, and any student failing to find his name should at once inform one of the demonstrators.

8. A written examination is held just before the Christmas vacation. Every first year's student is required to attend and to answer the questions on one of the following groups—

(A) The bones and ligaments of the head, and the bones, ligaments and muscles of the upper extremity; or

(B) The bones and ligaments of the spinal column and thorax, and pelvis, and the bones, ligaments and muscles of the lower extremity; or

(C) (*if he is taking the L.D.S. only*) The bones and muscles of the head and the temporo-maxillary, and occipito-atlanto-axoid joints.

Every second year's student is required to attend and to answer questions on—

The muscles, tendons, bones and ligaments of the whole body; and one of the following groups—

(α) The entire anatomy of the upper extremity and of the head and neck including the brain and spinal cord; or

(β) The entire anatomy of the lower extremity and of the abdomen, pelvis and thorax; or

(γ) (*if he is taking the L.D.S. only*) The entire anatomy of the head and neck, excluding the brain.

9. The dissection of all parts allotted in October and November must be completed before Christmas, and on the second day after the recess new parts will be allotted, priority being given as far as possible to those students who showed themselves most painstaking in their previous work. A first year's student who, before Christmas, studied sub-division (A) in Rule 8, will now study sub-division (B); but in addition, every student should, in this his second part, try to master as much as possible of the vessels, nerves, etc.

10. The senior demonstrator holds classes throughout the winter and summer sessions for (i.) students preparing for the first F.R.C.S. and M.B. examinations of the various Universities; (ii.) students who, though they have completed their second year, have not yet passed the second Conjoint examination.

11. Every student is advised to carry with him when in the dissecting-room and demonstrating theatre a pocket note-book and a set of coloured chalks.

12. Every week the dissections are examined systematically by the demonstrators, and marks are allotted. The record thus kept of each student's diligence in the dissecting-room is taken into account in subsequently recommending to appointments in the wards.

13. A test examination is held about three weeks before each second Conjoint examination. Attendance at this examination is compulsory on all those who wish to present themselves for the Conjoint examination.

14. During the first summer session, a student who entered in October, and has passed the anatomy and biology of the first Conjoint examination, should learn the anatomy of the brain, the spinal cord, the heart, the lungs, the larynx and the liver. Demonstrations on these subjects are given in the demonstrating theatre at least once a week during the summer session.

15. Particulars of the examinations for the Michael Harris, Arthur Durham, and Hilton Prizes, and for the First and Second Year Prizes will be found in the prospectus of the medical school, which may be obtained in the medical school office.

16. About twelve prosectors to the lecturers on anatomy are appointed annually (and from time to time a prosector to the Royal College of Surgeons of England) from among those students who have shown themselves most diligent in the dissecting-room. Notices inviting applications for these appointments are posted in the dissecting-room.

17. The metal ticket attached to each part must on no account be allowed to come off nor to be covered up by the bandage that each student should apply to his part (if a limb); neglect of this rule renders the part liable to be forfeited. Apron and sleeves (2s. 6d.), bandages, cloths, air-pump, ointment, carbolic lotion, etc., can be obtained from the dissecting-room porter.

18. No muscle, tendon, nerve, artery, or large vein should be cut through, if by hooking it aside it is possible to reach and clean the parts lying on its deep surface.

19. No limb must be removed from the trunk except by one of the demonstrators or assistant demonstrators; nor in any circumstances must any part of a subject be removed from the dissecting-room.

20. Except when the student responsible for a part is actually at work upon it, each part must rest constantly on the table of the subject to which it belongs. Neglect of this rule renders the part liable to be forfeited. When a student considers he has finished the part, he must report the fact to either Mr. Hamilton

or Mr. Steward if he be a first year's man, or to Mr. Fripp if he be senior to the first year.

21. A subject for dissection can only be provided during the summer session if eight students can be found wishing to dissect.

22. The subject is divided into five parts on each side :—

1. The head and neck.
2. Upper extremity and muscles connecting it with the trunk.
3. Abdomen, with the perinæum and interior of the pelvis.
4. Lower extremity.
5. The thorax and spinal column ; the dissection of which is not to commence until the fourteenth working day.

23. Students are not permitted to exchange or dispose of their parts, either before or after the commencement of dissection.

24. Any part, the dissection of which has not been begun within twenty-four hours from the time when the body is placed in the dissecting-room, is liable to forfeiture. If a student is unable to continue the dissection of the part which he has already begun, he must give notice *in writing* to one of the demonstrators, who will make arrangements for its disposal. The demonstrators will also dispose of any part, the dissection of which has been discontinued without their sanction for more than two working days.

25. The subject when brought in will be placed in the supine position, and will so remain during nine working days. On the tenth day a majority of the students engaged upon it, and on the fourteenth day any one of them, may have it turned into the prone position. Five days later it may, if the majority so desire, be turned back again; and after six days in the prone position any one of the dissectors may have it turned back. The time for the dissection of the perinæum is before 11 a.m. on the first ten days, and neither for this purpose nor for any other must the subject be turned out of the position indicated in this rule.

26. The dissecting-room is open from 9 a.m. till 4.30 p.m., except on Saturdays, when it is closed at 2 p.m.

27. On applying at the medical office a locker may be obtained for a deposit of five shillings, which will be returned when the key is given up, provided that the locker is uninjured.

N.B.—The anatomy part of the first Conjoint examination has now ceased to be held at the Royal College of Surgeons, and its place is taken by an examination held at the Hospital in two parts, viz., A and B in Rule 8—one just before the Christmas and the other just before the Easter recess.

DENTAL STUDENTS.

During their first winter session dental students are expected to dissect the head and neck and to study the bones and muscles of the head with the temporo-maxillary and cervical articulations upon which they are examined at Christmas. In addition, they should become acquainted with the main vessels, nerves, and special structures of these regions.

A dental student, on entry, must pay the fee for material at the medical school office, on October 1st between 10 a.m. and 1 p.m., so that a part may be allotted to him at the earliest opportunity. He should obtain a copy of the rules of the dissecting-room, and study those paragraphs which specially concern him. He should be careful not to miss the demonstration given by Mr. Fripp to first year students, on Friday, October 2nd, at 1 p.m.

Special bone classes are held for dental men, commencing early in November, the times of which will be duly announced on the notice-board in the dissecting-room.

It is very essential that the study of anatomy, physiology, and surgery should be prosecuted energetically from the outset: thus obviating the necessity for "cramming" these subjects when preparing for the final L.D.S. examination.

PHYSIOLOGY.

Physiology, which treats of the workings of the healthy body, and forms, therefore, the institutes of medicine and the necessary foundation of any rational mode of treatment of the body in disease, differs from its sister subject, Anatomy, in that it requires much greater intellectual effort for its acquisition, and a more thorough preliminary training for the comprehension of its doctrines. Physiology, in effect, consists in the application of the natural laws elicited by the researches of physicists and chemists to the explanation and description of the phenomena occurring in the living body, so that an acquaintance with the chief laws of physics and chemistry forms the necessary basis for the study of physiology. The difficulty and importance of this subject would seem to indicate, in the clearest possible manner, the necessity of pursuing its study throughout the short space of two years, which is devoted to the subjects that are preliminary to the work in the wards. Nevertheless, in consequence of the inept regulations of the bodies which govern the medical curriculum, six months of this precious time is wasted in acquiring a worthless smattering of something dignified by the title of biology. On this account, the student beginning his medical studies in October must give all his energies to getting up his biology in order to pass in it at the earliest possible opportunity, although he may profitably combine with the biology lectures and classes the reading of some elementary work on physiology, such as Huxley's *Elementary Physiology*, or the smaller work on the same subject by Foster and Shore. He is not advised to attend the physiology lectures at this time, and will not be signed up for them.

By the ordinary student the study of the subjects included under the heading physiology is begun in the

first summer session. During the whole of this session he must attend the classes in Practical Histology. These are held in the students' histological class-room three times a week; each class lasts two hours, the first half-hour being taken up by a short lecture, in which the tissues to be studied in the following practical work are described. This lecture will be held in the physiological theatre. Students attending this course must provide themselves with a compound microscope,* certain mounting materials (a list of which can be obtained at the office), and with Schäfer's *Essentials of Histology*, which should be carefully studied in the intervals between the classes. The microscope must have two objectives, a $\frac{2}{3}$-inch and a $\frac{1}{6}$-inch, a nose-piece and an indicator fitted to one of the two eye-pieces. The following makers are recommended: Zeiss, Ross, Leitz (English agent, Kanthack), Swift. From any of the three latter firms a good microscope, with all necessary accessories, can be obtained for about £7; the microscope from inferior makers is worse than useless, and it is essential that the student should buy an instrument which will be of some use to him in future years, when as a practitioner of medicine he desires to examine tumours, urinary sediments, etc., for purposes of diagnosis.

At the end of the summer session an examination, written and practical, is held in histology. All students who have attended this class must enter for the examination. Only those who pass the examination will be allowed to attend the tutorial classes in physiology held during the second winter session in preparation for the examinations of the Conjoint Board. Those who fail at this examination will be allowed to enter for a similar examination at the following Christmas, but will not be able to present themselves for the second Conjoint under six months from the time at which they passed this examination.

During the second winter session the student must attend regularly the lectures on physiology held three times a week, on Mondays and Fridays at 12.15, and on Wednesdays at 11 a.m. During the same time those who have passed the histology examination at the end of the previous session must attend the tutorial classes held by one of the demonstrators throughout the session. At the same time he must read up the subject in some elementary text-book, such as Starling's *Elements of Human Physiology*, or Waller's *Text-book of Physiology*.

During the second half of the winter session, *i.e.*, from January to March, students must attend the class in practical chemical physiology, which is held once a week in the physiological chemical class-room. While attending this class, they are recommended to read up the subject in Halliburton's *Essentials of Chemical Physiology*, which is also used as the guide in the practical work.

Students, who have been diligent in following this course of studies, will be ready to enter for the second Conjoint examination at the end of this session. Shortly before this examination, a test examination is held by the demonstrators in order to judge of the fitness of the candidates. Those who fail to pass the second Conjoint at this time must attend the revision classes held by the demonstrators during the two or three months preceding the July and January examinations of the Conjoint Board.

Certain modifications in this course of studies is necessary for those who are going up for the M.B. of London or other Universities. Having passed their preliminary scientific before entering, they are free of the incubus of biology during their first winter session. They should therefore attend the physiology lectures during this session, at the same time studying the subject in Starling's *Physiology*. In their first summer they attend the histology classes, but should supplement Schäfer's *Essentials of Histology* by reading the fuller accounts of the subject contained in Quain's *Anatomy*. During their second winter, they should attend the class in advanced practical physiology which is held twice a week, each lesson occupying between two and three hours. During this session, they are recommended to read up the subject in Waller's *Physiology* and Bunge's *Physiological Chemistry*, using Halliburton's *Essentials* as the guide in the chemical part of the advanced practical physiology. This class should also be attended by candidates for the first F.R.C.S. examination, although in their case attendance may often be profitably postponed until the third winter session. The reading for this examination is similar to that required for the Intermediate M.B. of London.

Those who are desirous of obtaining honours at the Intermediate M.B. should supplement the course of reading already indicated with original papers in the *Journal of Physiology* and with parts of Gamgee's *Physiological Chemistry*. Such students will also find Stewart's *Manual of Physiology* and parts of Foster's *Physiology* extremely useful and suggestive.

Division classes are held by the demonstrators during the two months preceding the first F.R.C.S. and first M.B. examinations for the special preparation of candidates for these examinations.

List of books recommended:—

FOR COLLEGE MEN.—Schäfer's Essentials of Histology; Starling's Elements of Human Physiology; Halliburton's Essentials of Chemical Physiology.

FOR LONDON MEN.—Waller's Text-book of Human Physiology; Bunge's Lectures on Physiological Chemistry; Histological and Embryological parts of Quain's Anatomy.

E. H. S.

BIOLOGY.

The course of lectures and demonstrations for the requirements of students preparing for the first Conjoint examination, is given in the long room, class room No. 2, at 1.45 on Wednesdays and Fridays. The practical class will be held immediately after the

*The demonstrators will be very pleased to advise any student in the purchase of a microscope. It must be distinctly understood that antiquated instruments, such as those sometimes handed down as an heirloom in a family of doctors, are absolutely useless.

lecture, and the new student is reminded that it is most important for him to attend both lecture and practical class from the *very first*, to obtain the knowledge in biology requisite for the Conjoint examination. The very closest attention to his work, more especially *in the practical part*, is necessary if the pupil would become familiar with a subject which, seemingly not of much value to him now, will be of no inconsiderable assistance in later work, particularly in the domain of morbid histology and bacteriology.

The first lecture will be given by Dr. Stevens, in the long room, class room No. 2, on *Friday, October 2nd.* For the practical class, the requisites, of which a complete list is given below, must be obtained *beforehand.* We recommend new men, with reference to the purchase of a microscope—perhaps the most important consideration in entering these classes—that it should be deferred until one of the demonstrators has been consulted. We may state that microscopes are not absolutely necessary for the early classes, so that the purchase of one may be safely withheld until full instructions have been received from the demonstrators.

The special course of lectures and demonstrations devoted to the Preliminary Scientific examination of London are held on Wednesdays and Fridays at 10.30 a.m. The first lecture will be given by Mr. Beddard on Friday, October 2nd, in the biological class-room, No. 4., on the first floor of the pathological museum block of buildings. "Pre. Sci." men will require the set of requisites that are notified below.

With regard to this list, we have already referred to the "microscope." In purchasing a "dissecting case," students must understand that an ordinary (human) anatomical set is *all* that is required. The special "biological" set is by no means necessary for the elementary work required at Guy's, and is, therefore, a needless expense. The other accessories are to be obtained of Stanley, Railway Approach, price 20s.

REQUISITES FOR THE PRACTICAL BIOLOGY CLASS.

Every student attending these classes must provide himself with a microscope with a double nose-piece, and indicator fitted in eye-piece. Zeiss's stand vi., in mahogany case, with objectives A and D, and eye-pieces 2 and 4, and nose-piece, price £8 15s., is very strongly recommended. Illuminators are 22s. extra. It is to be obtained of R. Kanthack, 21, Golden Square, Regent Street, W., Messrs. Baker, High Holborn, or of Stanley, London Bridge. English patterns may be obtained of Messrs. Beck, Ross or Swift. It will be necessary also to have a stoppered bottle (with glass rod) containing Canada Balsam, dissolved in xylol; a stoppered bottle containing xylol; three small white saucers with flat bottoms; three watch-glasses ground on convex surface; two section-lifters; three needles in handles; a pair of microscope scissors (curved on the flat); ½-oz. No. 1 ¾-inch cover glasses; a gross of glass slides; a packet of labels; a small piece of soft silk; fine curved forceps; a "Seeker"; an anatomical dissecting case; a razor for cutting sections.

CHEMISTRY AND PHYSICS.

It is impossible to acquire a knowledge of chemistry or physics without personal and practical contact, and Guy's men have, in the new laboratories, unusual facilities for this purpose.

Conjoint men entering now should pass in chemistry and physics next July. They should, therefore, attend Dr. Stevenson's lectures in chemistry from October to Christmas, and Mr. Groves' from May to July, and, concurrently with the latter, Prof. Reinold's lectures in physics. They must be prepared to devote a large amount of time to laboratory work. From May to July the practical classes are held on three mornings a week (Messrs. Groves, Wade and Hopkins), but students are advised to work also at intermediate times. Revision classes are held before the July examination, and special courses for referred students before those in January and April. Conjoint students are not required to study chemistry or physics after passing the first examination, unless they wish to take the diploma in Public Health, in which case they work for three months at water and gas analysis, etc., in the public health laboratory (Mr. Hopkins).

Dental students are required to work for three months at practical chemistry (Mr. Wade, January to March), and to attend the same lectures as the Conjoint men.

Special courses have been arranged for most of the University examinations. Candidates for the Preliminary Scientific (M.B.) examination of the London University attend the same chemistry lectures as the Conjoint men, but the physics lectures are specially arranged (Prof. Reinold, Monday at 12; Friday at 2). The class meets for work twice weekly in the chemical laboratory (Mr. Wade: Winter, Monday and Thursday, 2 till 4; Summer, Tuesday and Friday, 2 till 4), and twice weekly in the No. 1 physical laboratory (Mr. Wade: Winter, Tuesday, 2 till 4, Friday, 3 till 4; Summer, Monday and Thursday, 2 till 4), but students are expected to spend all their spare time in one or other of the laboratories. It cannot be too strongly urged that reading without laboratory work is mere waste of time. Tutorial classes are held weekly in both chemistry and physics, and are supplemented by revision classes (Mr. Wade) during the term preceding each examination. Students intending to work for honours in either subject should consult the demonstrator.

Intermediate M.B. men who have just passed the Preliminary Scientific examination should begin to work at organic chemistry not later than next May. The practical class meets twice a week in the laboratory throughout the year, and is supplemented by lectures (October–December, Mr. Wade; May–July, Mr. Groves), and revision classes (Mr. Wade). Students intending to present themselves next July should have worked through three courses by that time, those who attended the course last summer, for instance, requiring to work for three months this winter and three months next summer. Candidates for honours next July should resume laboratory work at once. A course of advanced

lectures for honours men will be given by Mr. Wade during the latter part of the winter session and in the summer session.

Oxford, Cambridge or Durham students desiring to work at chemistry should communicate with the demonstrators.

The practical knowledge of toxicology required at the degree examinations of the London and other Universities may be obtained at classes held by Dr. Stevenson and Mr. Hopkins during the latter part of the winter and the summer sessions. W.

PRACTICAL PHARMACY. MATERIA MEDICA.

These subjects are taught in the practical pharmacy class at the hospital dispensary, by Mr. Collier. This course meets the requirements of students preparing for the Conjoint examination in practical pharmacy, and the intermediate M.B. Lond. The study of the names, physical characters, and chemical properties of substances used in medicine, and preparations made from them, and the doses in which they may be given, requires some considerable amount of application and exercise of memory. The instruction given in the class is therefore very practical, and every assistance is given to the student by demonstrations, access to materia medica specimens, and *viva voce* examinations, in acquiring a sound knowledge of materia medica. The art of dispensing, the writing of prescriptions, and the methods of prescribing drugs, form also part of the instruction given in the practical pharmacy class. During the year there are three courses of three months each, so that the student can enter at the time most convenient to him.

PHARMACY, PHARMACOLOGY AND THERAPEUTICS.

Lectures are given during the summer session in the anatomical theatre, by Dr. Hale White. This course is intended to meet the requirements of students preparing for the third Conjoint examination in pharmacology and therapeutics, for the intermediate M.B. and final M.B. Lond., and the third M.B. Cambridge. C.

MEDICINE.

Medicine lectures are held on Mondays, Wednesdays, and Fridays, at 3 p.m., in the anatomical theatre, throughout the winter session, by Dr. Pye-Smith and Dr. Taylor. The introductory lecture will be given by Dr. Pye-Smith, on Friday, October 2nd, who will then proceed to discuss "Fever, Contagion, and Specific Diseases."

A clinical lecture is delivered every Saturday, at 1.15 p.m., in the chemical theatre, the first of which will probably be given by Dr. Taylor, on Saturday, October 3rd. These lectures are held at 1.15, so as to enable footballers to attend, and they finish in time for them to catch the 2.35 train to Honor Oak Park.

In addition to the above course, Dr. Shaw holds revision classes for six weeks before the final Conjoint examinations in January, April, and July, for the benefit of students desirous of presenting themselves for the final examination in Medicine.

THE MEDICAL WARDS.

Clinical instruction in medicine is given in the medical wards to the medical ward clerks and other students who choose to be present, by the physicians, who visit their cases from 2 to 5 p.m., and by the medical registrar in the mornings from 10 a.m. to 1 p.m. There are two male wards, Philip and Stephen, each containing forty beds, and one female ward, Mary, containing fifty beds and six cots. The latter is divided into four divisions, each physician taking one division. Dr. Pye-Smith and Dr. Goodhart divide the beds in Philip ward between them, and Dr. Taylor and Dr. Hale White, those in Stephen ward. On Mondays and Thursdays the wards are visited in the afternoon by all the physicians; on Tuesdays by Dr. Goodhart and Dr. Hale White; on Fridays by Dr. Taylor, Dr. Goodhart and Dr. Hale White, and on Saturdays by Dr. Pye-Smith. The medical registrar sees new cases in all the wards on Monday and Thursday mornings; on Tuesday, Dr. Taylor's cases; on Wednesday, Dr. Goodhart's; on Friday, Dr. Pye-Smith's, and on Saturday, Dr. Hale White's. Thirty-six medical ward clerks are appointed every three months, and are eligible for re-appointment at the end of this time for a further period of three months, the extension being given to those who have shown the most care and diligence in the discharge of their duties.

1. *Case-taking.*—Reports are made by the medical ward clerks on all the cases admitted to the wards, under the supervision of the medical registrar, who instructs the clerks in the mornings, in the method of case-taking, and the physical examination of patients. Special report sheets are kept for this purpose in the wards; on the front page, spaces for the name, age, occupation, address of patient, ward, number of bed, physician, date and references to former admissions, if any, must be filled in; the report itself must be then started on the next page, by recording the most prominent symptoms for which the patient was admitted, *e.g.*: "The patient was admitted for hæmoptysis, ascites, vomiting," or as the case may be. If the patient has been an in-patient before, the old report must be looked up in the registrar's room, which is in the new building, on the right-hand side of the stairs leading to the medical wards, the key of this room being hung up behind the door of the Eye wards opposite. Since the year 1888, an index of all the patients' names has been made a separate volume for each year, and they will be found in this room on the table. Having found the patient's name, a letter and a number will be found after it; the former is the initial letter of the physician, the latter the number of the report in that physician's volume of reports for that year, *e.g.*: if a patient had been in the medical wards in 1890, and the name is found in the index with P.S. 100, after it, it would mean that he was under Dr. Pye-Smith, and his report would

be number 100 in Dr. Pye-Smith's volume of reports for 1890. The clinical reports for the year are all bound together, and the letter C refers to the clinical volume. If the patient has been in the hospital before, during the current year, his report can be obtained by applying to the medical registrar. If he comes under the same physician the report must be continued; if under a different physician, an extract must be made and a new report commenced. Before the year 1888 an index of names will be found at the commencement of each volume.

The old report having been found, an extract must be made, and the diagnosis then arrived at inserted in the new report. The condition of the patient since his last discharge from the hospital must then be noted; then the commencement of the present illness, with the symptoms and the date (not the name of the day only) of their onset, and the treatment before admission. Supposing there has been no previous admission, after stating the leading symptoms for which the patient was admitted, a description of his previous manner of life, occupation, travels, etc., must be noted; then his family history, especially in diseases of the nervous system, gout, rheumatism, phthisis, etc.; then a history of previous illnesses, with dates, and then of his present illness, as above described; and lastly, the condition on admission. This last-mentioned is the most important, and should be done as soon as possible. If the clerk has not seen the case on admission, the necessary details may be obtained from the house-physician. The condition on admission should be commenced by noting the pulse and respiration rate, and the temperature, and general appearance of the patient; this should be followed by a description of the system primarily affected, then the system most likely to be affected by complications, *e.g.*, in a case of acute rheumatism first describe the articular, then the circulatory, respiratory, cutaneous, alimentary and nervous systems. When describing physical signs the results of the examination should be arranged as far as possible under the headings Inspection, Palpation, Percussion and Auscultation, and it should always be remembered to use the eyes before the hands, and the hands before the stethoscope. In acute cases a daily record of the physical signs, symptoms, and the general condition of the patient must be kept. In renal cases a daily examination of the urine must be made and the result noted on charts provided for this purpose. In all cases the treatment written on the bed letters must be copied into the reports. Observations made by the physicians on their rounds should be reported, great care being taken not to misinterpret them.

When the patient leaves the hospital a description of his condition on the day of discharge must be noted, and the report concluded with a short epitome of the leading features of the case. If the patient dies, an abstract of the post-mortem report, which can be obtained in the post-mortem room, must be inserted. When the report is completed, it must be taken to the medical registrar's room.

2. *Temperatures.*—The temperature of the patients must be taken and noted every morning by their respective clerks. Evening temperatures are taken by the clerks in turn; the dates of this duty will be found on the notice-board in the central hall of Mary ward. The temperatures to be taken will be put on a card hanging on the wall in each division.

3. *Classes.*—On Thursdays, classes are held for all the medical ward clerks at 12 o'clock, in the surgical class room, on the application of anatomy to medicine, the methods of medical diagnosis, and the explanation and interpretation of physical signs. On Mondays, at 12.15, classes are held in the clinical laboratory for Dr. Goodhart's and Dr. Hale White's clerks; and on Tuesdays, at 2 o'clock, for Dr. Taylor's and Dr. Pye-Smith's clerks, when practical demonstrations on the examination of urine, blood, sputum, etc., and on the use of the various instruments required for clinical investigations are given by the medical registrar.

4. *Beds.*—The arrangement of beds will be found on the notice-board in Mary ward.

5. *The Clinical Laboratory* (door opposite the lift in the new building), is open to medical ward clerks between 10 and 1, for any special clinical investigation and for the examination of sputum. The key can be obtained from the medical registrar, to whom also application for any special apparatus or reagents must be made.

6. *Medical instruments.*—Instruments for clinical investigations — hæmocytometer, hæmoglobinometer, perimeter, spectroscope—are under the charge of the medical registrar, and can be obtained from him on application.

A few practical hints:—Medical ward clerks should, first of all, make themselves familiar with the normal physical signs, *e.g.*, the normal shape of the chest, the normal vesicular murmur, the normal cardiac sounds, etc., and then with the physical signs of disease, their mode of production and their special import. It will be found useful, first of all, to read a book on physical diagnosis, such as Fenwick's *Medical Diagnosis*, or Gibson and Russel's *Outlines of Physical Diagnosis*.

As a text-book Taylor's *Medicine* cannot be improved upon. Do not start at the first page and read straight through, but read up and endeavour to understand your own cases. When this has been done, use your colleague's cases in the same manner. *Do not be rough with your patients; percuss and palpate gently. Do not sit up a patient suffering from typhoid to examine his back. Do not percuss the chest of a patient suffering from hæmoptysis. Do not test the knee-jerks of a patient suffering from acute rheumatism; and if you sit on his bed, look before you sit. Do not discuss with your colleagues in the patient's hearing the prognosis of the case if it be serious, or the probable post-mortem appearances of his organs. If possible, imagine yourself in*

your patient's position, and then you will treat him with consideration. M. R.

MORBID HISTOLOGY.

These classes are held by Dr. Newton Pitt, in class-room No. 2, on Thursdays and Saturdays at 9.30 a.m., commencing on Saturday, October 10th. Sections are given out ready to be mounted, illustrating the more important lesions of the liver, kidneys, spleen, adrenal bodies, alimentary canal, lungs, pleuræ, brain, and spinal cord. Three or four specimens, together with a short written description, are given out each morning. These are examined, and the demonstrators point out the important features in each section. Each student is expected to make a sketch or diagram indicating the changes illustrated by each section, and the sizes of the various elements should be measured by the eye-piece micrometer. It is important that students should all be provided with the micrometer before the first class, in order that the values of the divisions may be then determined for them.

Each student attending these classes must be provided before the first meeting with a text-book on *Pathology* (those by Dr. Sims Woodhead and by Dr. Green being recommended); a microscope fitted with a double nose-piece, and two objectives, viz., A, or an inch, and a higher power, either D, a quarter or a sixth. Also the following accessories, which may be procured from Messrs. Stanley: An eye-piece micrometer, costing half-a-crown. This must be fixed in so that the lines are accurately in focus when an object in the field is clearly seen. A glass-capped bottle with glass rod, filled with Canada Balsam dissolved in xylol; a wide-stoppered bottle, with clearing fluid, either xylol, oil of cloves or a mixture of carbolic acid and turpentine; a capped bottle of Farrant's solution; two small saucers with flat bottoms; a watch-glass; half an ounce of square cover glasses, $\frac{3}{4}$-inch; a gross of glass slides; a packet of small filter papers; two lifters; two needles in handles; a box to hold twelve dozen slides horizontally; a note-book; H.B. black pencil and a red pencil; an old linen handkerchief. Dr. Pitt will be glad to advise those students who desire to buy a microscope.

The Popular Handbook to the Microscope, by Lewis Wright, gives much useful information as to the use of the various lenses, condensors, &c., and will be found serviceable. P.

BACTERIOLOGY.

The following are the arrangements for the study of bacteriology:—Two sets of lectures are given during the year; the one in the second week of November, and the other at the beginning of May. The lectures are given three days a week, on Tuesdays, Thursdays and Saturdays, and each course lasts about six weeks. Practical classes, in which the students are taught the technique of staining and cultivating bacteria, the bacteriological examination of air, water, food, etc., are given immediately after each lecture. During the period when the lectures are being given the laboratory is open every day to those who have joined the class. Gentlemen who have attended a practical class can, by arrangement with the demonstrator, obtain permission to perform original investigations at any time.

ANÆSTHETICS.

Lectures and demonstrations are given by Mr. Tom Bird and Mr. Rowell on the use and administration of anæsthetics; they are open to men who have passed the second Conjoint examination or its equivalent, and to dental students in their second year. The post of "anæsthetic clerk," of one month's duration, is open to students only who have attended the lectures and demonstrations.

SURGERY.

Lectures are held three times a week, on Tuesdays, Thursdays and Fridays, at 1.30 p.m., in the anatomical theatre, by Mr. Howse or Mr. Davies-Colley. Mr. Howse for the first part will lecture on "General Surgery," commencing on Friday, October 2nd. Clinical lectures are given on Wednesdays, at 1.30 in the anatomical theatre, by the surgeons. The first will probably be given by Mr. Howse, on Friday, October 2nd.

Mr. Targett holds classes in "Practical Surgery" three times a week in class-room No. 1. These classes are open to men in their third year, and must be attended to fulfil the requirements of the Conjoint Examining Board. A list will be posted in the colonnade, giving the names of those who are not yet "signed up," with the days on which they are expected to attend.

Mr. Dunn, six weeks before the final Conjoint examinations in January, April and July will hold "Revision Classes," upon which attendance is voluntary. Only those desiring to present themselves for examination are expected to attend.

Mr. Dunn will hold a course of "Operative Surgery" for final M.B. and Fellowship men in October, of which further notice will be given. The course for the requirements of the Conjoint Board will be held in January, 1897, and the fee of 10s. 6d. should be paid not later than December 19th. Names of students desirous of attending the M.B. course should be left at the medical office *before* the end of September. Mr. Higgens will lecture during January to March on "Ophthalmic Surgery," on Wednesday, at 3 p.m., in the ophthalmic operating theatre. These lectures must be attended after passing the second Conjoint examination before admission to the final Conjoint.

THE SURGICAL WARDS.

In the surgical wards there is a division of labour, and corresponding to this division, the appointments fall into two classes—clerking and dressing. The student's first introduction to clinical work is as a clerk in the surgical wards, and it is not unlikely that he may, on his first entry, be a trifle discouraged. The reasons for this are obvious. Entirely ignorant of surgery and even of the

terms in common use, he is at once required to write full accounts of the cases admitted to the wards. He will find, however, that by paying attention to the advice we give him, that his difficulties will be found to be anything but insurmountable.

Being the junior appointment in the hospital, there is a tendency in the minds of some, and a little more than a tendency in the minds of others to belittle the post. This is unjust, and is the result of ignorance of the real functions of the surgical clerk. What the medical clerk is to the medical side, the surgical clerk is to the surgical side. The post is junior in point of time, but does not necessarily carry with it any stigma of inferiority. Their duties are identical: the preparation of the permanent hospital records of the cases admitted to the wards. What difference there is consists of this: the machinery of the medical side is less complicated than that on the surgical; whereas the whole of the work in the medical wards falls on the clerk, in the surgical wards it has been found advisable to specialise and to separate—for the sake of greater proficiency—the duties of clerking and dressing. This separation has, on the whole, been justified by the results, the chief difficulty being the dependency of the clerk on the dresser for many details of importance. Dressers should, therefore, remember that from them the hospital expects such assistance as will render the reports as complete as they can be made. On the clerk, however, rests the responsibility, and the excellence of his reports is a sure indication of smooth working and mutual assistance in the firm to which he belongs.

We do not wish to exalt the clerk unduly, but to insist merely that in his work the same care and attention to detail, the same knowledge of surgery and human nature are as necessary as in other appointments. Let him bear in mind that to him is given by the hospital the task of keeping its records. These are bound and kept, and by his work thus perpetually in evidence a man is judged. Bad reports are a lasting disgrace; good reports a lasting honour. The importance of good careful work by the clerks cannot be over-estimated. In this nature of things it cannot be perfect, but it must be as perfect as he can make it. By his first work in the wards he will be judged, and he will find that it is very hard to live down a bad clerkship. At the same time that he bears in mind the difficulties and responsibilities of his post, he should remember that he is a junior, and that any assistance he can lend his seniors should be offered ungrudgingly, and in return for this he will undoubtedly meet with that consolation and help in his work which is so necessary. There is no loss of dignity sustained in carrying screens to patients, or in the thousand and one small opportunities which present of helping the other workers in the wards.

To the dressers we would submit that the performance of dressing is no part of a clerk's duty, and that it is no kindness to him to request him to undertake what he cannot from his position with good grace refuse, and what nevertheless he is unfitted to do.

The work of the firm, as a whole, should be the interest of each individual member of it. Pride should be taken not only in its splinting and dressing, but also in its reporting. A good house-surgeon and a good dresser will see that his reports are not below the level of those of other firms. Their accuracy is, of course, of the highest importance to him. They represent the work of the firm, and the individual members should see that they give a fair and accurate idea of that work. The clerk from this point of view is to be regarded as the mouth-piece of the firm to succeeding generations. The firm should see that he represents it fairly.

The clerk, as soon as he is appointed, should find out from the surgical registrar to whom he is appointed. A few days before taking over the work he should learn from his predecessor what he can about the cases he is to take charge of, so that the work may be continued as nearly as possible without a break. At the present time there is an entire change of clerks every three months, but in the way indicated above, the break in the work may be obviated to some extent. He should learn quickly to take accurate temperatures, and pulse and respiration rates, and test urine, for without any exception the temperature, pulse and respiration râles, and condition of the urine must be included in the notes of every case on admission. The surgical registrar sees every new case with the clerk, and he expects a history of every case to be ready when possible. This, if vague, is useless. All symptoms should be set down in exact order, with the dates of their appearance. The exactness in detail is of the highest importance, and is a measure of the care with which the clerk has done his work.

He should have a note-book, and should put down in it everything about the case that he can obtain from the surgeon, house-surgeon and dresser. This should be copied into the report as soon as possible.

The duties appertaining to each appointment are supplied to the students, and then are to be carefully followed out. The hospital not only expects this, but insists on it. We have laid stress so far on the appointment of surgical ward clerk, as it is the first post he holds, and because he is so often quite unaware of the objects of the appointment.

He will in time become a dresser, and will by that time have learnt the traditions that underlie his office. He should, before accepting office, have acquired most thoroughly the principles of aseptic surgery, and, on no account, ever depart from them subsequently. Let soap and water be his sheet anchor.

The surgical wards are visited every day by the surgeons and assistant surgeons at 1.30. Tuesdays and Fridays are reserved for operations, notice of which has been posted in the colonnade. The surgeons are assisted at the operation by the dressers, and no others should stand about in the well of the theatre, the only exception being the particular ward clerk to the case. With due diffidence we should like to hint that the front seats reserved for the staff and for visitors were never intended

to be used as a footstool. The habit of sitting perched along the front rail is one of recent growth only, and in the interest of the patient, the operator and those watching the operation, is to be deprecated.

Although we believe there is no rule which prevents freshmen attending operations and clinical demonstrations, we would point out that such a course of action is useless to them, and is not encouraged by the authorities.

Finally, we should like to repeat that although specialisation has provided a clerk responsible for the drawing up of the hospital records, yet as this report is an account of the work performed by the firm as a whole, it touches the honour of everyone in it that the report should be an accurate statement of the work done. The firm should be considered the entity, each separate member of which fulfils his own function, each at the same time being dependent on the others for the smooth, even working of the whole. S. R.

DAYS AND HOURS OF ATTENDANCE ON HOSPITAL PRACTICE.

Accidents and urgent cases of all kinds are admitted by the St. Thomas's Street entrance at any time of the day or night.

THE WARDS.

Medical Wards. — Dr. Pye-Smith (1.30), Mondays, Thursdays, and Saturdays. Dr. Taylor (1.30), Mondays, Thursdays, and Fridays. Dr. Goodhart (1.30), Mondays, Tuesdays, Thursdays, and Fridays. Dr. Hale White (1.30), Mondays, Tuesdays, Thursdays, and Fridays.

Surgical Wards.—Mr. Howse (1.30), Wednesdays and Saturdays. Mr. Davies-Colley (1.30), Mondays and Thursdays. Mr. Lucas (1.30), Mondays and Thursdays. Mr. Golding-Bird (1.30), Mondays and Thursdays. Operations (1.30), Tuesdays and Fridays.

Obstetric Ward.—Dr. Galabin (1.30), Mondays and Fridays. Dr. Horrocks (1.30), Tuesdays and Fridays.

Ophthalmic.—Mr. Higgens (1.30), Fridays. Mr. Brailey, (1.30), Tuesdays. Operations (1.30), Mondays and (2), Thursdays.

THE OUT-PATIENT DEPARTMENT.

The days and hours of attendance in the Out-Patient department of the hospital are as follows:—

Medical Cases.—Dr. Pitt (12.30), Mondays. Dr. Shaw (12.30), Fridays. Dr. Washbourn (12.30), Wednesdays.

Surgical Cases.—Mr. Jacobson (12.30), Wednesdays. Mr. Symonds (12.30), Thursdays. Mr. Lane (12.30), Mondays. Mr. Dunn (12.30), Saturdays.

Obstetric. — Dr. Horrocks (12.30), Thursdays and Saturdays.

Ophthalmic. — Mr. Higgens (1.30), Tuesdays. Mr. Brailey (1.30), Tuesdays and Fridays.

Dental.—The Dental Staff (9), every week-day.

Aural.—Mr. Purves (1), Tuesdays.

Skin.—Dr. Perry (1), Tuesdays.

Throat.—Mr. Symonds (2), Fridays.

Electricity.—Dr. Pitt (10.30), Tuesdays and Fridays.

The entrance for out-patients is in GREAT MAZE POND. A charge of threepence is made for medicine, and patients must bring their own bottles and gallipots.

No letters of recommendation are required.

DENTAL SCHOOL.

The dental student should read carefully the pamphlets appertaining to his special branch of study, which are given him at the medical office upon his first entry at the hospital. The list includes the Prospectus, Calendar, Clubs' Union Book, Standing Orders, and List of Instruments.

An early perusal of these pamphlets will put the student in possession of most of the information he requires concerning the working of the school, and it will save him much unnecessary trouble and need of interrogation.

The rules and regulations of the school and hospital having been learnt, the work at Guy's will become a pleasure as well as a duty.

In primis the student should purchase his *instruments* at one of the dental depôts, and the instruments having been approved, and signed for, by the surgeon to whom he is first appointed as dresser in the conservation room, the list should be returned to the medical office.

The *probationary work* should be done in the best possible manner, and at an early date, so that the work may be submitted for the approval of the Dental Council before the end of October. The importance of the probationary specimens being passed is that a student may at the earliest possible date treat patients himself—a privilege denied him until he has shown himself capable of doing gold fillings and crowns out of the mouth in an efficient manner.

Dissections should be begun soon after joining the hospital, so that when not engaged in probationary work the student's time may be fully occupied; and, further, the possibility of the septic infection of a patient, such as might occur if dissections are put off until clinical operations are done, is reduced to a minimum.

Regularity and punctuality in attending *lectures and demonstrations* cannot be too forcibly insisted upon, otherwise the student will find himself at a great disadvantage, and quite unable to follow the course to the satisfaction of the teacher or himself.

The Out-patients' department—surgical and dental—afford at all times unparalleled opportunities for the investigation of disease, and many spare hours can be profitably spent here.

It is not necessary to mention the text-books in use at Guy's, as a list is given in the prospectus, but it may be stated in passing that the student should so arrange his reading as to keep pace with the lectures.

Note-taking is in the minds of some of doubtful value; still it is generally considered advisable, as it not only ensures regularity of attendance, and careful attention to the lectures, but also the notes taken will invariably prove of value for the purposes of reference.

It is an easy matter to remember any particular lecture for a time, but with the large number of lectures to be attended by the dental student it will be found impossible to recollect them all, without the aid of notes, say at the expiration of a year.

The library contains all the standard medical and dental works, and the current literature. The student will profit considerably by reference to the best authors, when new cases and modes of practice are first made known to him.

The student should always remember that industry, perseverance, and a high ambition will lead to a successful career, whereas the absence of these qualities will tend towards failure. Minute attention to detail, and concentration of purpose must be the rule of life amongst all earnest men.

Lastly, if in doubt or difficulty, advice should be sought of any of the dental staff, who will be found only too pleased to assist any Guy's student. W. A. M.

The College.

The idea of a residential college at Guy's, although first projected in the days of Addison, was not carried into effect until 1890, when, built upon a site fronting the east gate of the hospital, and connected therewith by a subway, the College was opened in March, by Mr. Gladstone. Residence is afforded here for the men holding the senior house appointments and for about fifty other students, who are all under the supervision of the resident warden, Mr. Dunn. Particulars as to terms may be seen on page 25 of the green book. There are a few vacant rooms, for which applications should be made to Mr. Croucher at the medical school office.

The College contains also the premises of the Students' Club, in the reading-room of which there is a lending library.

Re-Endowment Fund.

Because no notes under this heading appeared in our last issue, it must not be concluded that the cause is either dead or sleeping. It is true that the Secretary to the Treasurer's department has recently been more particularly engaged in completing and consolidating past successes, but the stream of charity has not been allowed to dry up for a single day; and now with the advent of another medical year there will be a fresh output of energy, to be repeated again and again until five hundred thousand sovereigns have passed into the investments of the hospital, to take the place of the depreciated value of the hospital estates, which bring in only £20,000 instead of £40,000, as in 1880.

Roughly speaking, only a third of that sum has been obtained. The heroic measures of the present year cannot be repeated immediately and the particular method of the future campaign cannot yet be announced, but any scheme will be partly based upon the reliance that old friends will remain under arms in the service of the hospital for the next few years. No one dares doubt that all those Guy's men whose loyalty and devotion formed such an admirable feature of the festival proceedings will remain true. The new men will soon find out the best traditions of the place.

The most useful way of doing good work at the present time is to obtain subscriptions, annual if possible, towards the Sustentation Fund, which seeks to maintain the hospital while the re-endowment is accumulating. There lies the immediate and pressing necessity. Even granting re-endowment to be assured in the future, we must keep going in the meantime.

The following amusingly foolish answer was received lately in response to a request for contributions:—

"What, give money to the butchers' barracks. No, not if I had a thousand a year would I give a penny. To help a sick man in his own house is kindness, but to send him to the butchers' barracks, where there is brutal officialism and vivisecting experiment, would be cruelty. Wasn't a nurse convicted and had eighteen months for manslaughter? Aren't poor sick people tyrannized by the huzzies? And how about the "exploratory incisions" at Chelsea? Was it confessed by medical men in the *Times* that a hospital was a place of experiment? Clear out the sick people and blow down the butchers' barracks with dynamite."

From the Gazette's Special Pathologist.

NOTICES.

M., Kidderminster.—The tumour has the microscopic structure of a fibroma of the subcutaneous tissue.

C. W., Lostwithiel.—The specimen consists of a tumour covered by inflamed skin. The tumour itself is rounded and has the structure of carcinoma invading a lymphatic gland.

C. E. C. R. C., Windlesham.—Reaction acid, sp. gr. 1027; albumen trace; acetone is present in considerable amount. The quantity of sugar is 27 parts per thousand (=11·8 grains per ounce).

E. H. B., Streatham.—No diphtheria bacilli could be found in the culture.

J. E. D. H., Reigate.—No tubercle bacilli could be found in the sputum.

H. & H., Wanstead.—No tubercle bacilli could be found.

A. E. P., Abergavenny.—No tubercle bacilli could be found in the sputum. We should think that the hæmorrhage comes from the pharynx, although the evidence is small.

PATHOLOGIST.

"Dare Quam Accipere."

No gauzy web of delicate-dimpled words
  Woven for pastime by the leisured brain
To you, the strong and lion-hearted lords
  That down the lapse of God's eternal reign
Rule as his viceroys over sea and land
  And vaunt the royal title of mankind,
But scores all rudely graven by a hand
  Rough with the silent service of the life,
I offer up, unpolished and unscanned
    Save of the giant firmament at strife
    With all the forces of the furious wind.

Far, far away, as in another world,
  The cloistered country's garden-lands are spread,
And through the trees the smoke is sparsely curled,
  Shaping its spiral steeples overhead,
And rivers robed in misty garlands grey
  Between the lines of hazy forests run,
And, while the dial moves along the day,
  Alone upon a mossy-mounded shelf,
Youth musing all its happy hours away
    Among its dreams sits smiling to itself,
    And slowly frames a fitful orison.

Yea, close at hand, yet distant as the days
  That make the fabric of a faded past,
Spending its strength on slender roundelays
  Whose dying accents leave the soul aghast
To hear the faint and fever-hollowed heart
  Beat the response of pleasures overgrown,
In gauntly gilded palaces apart
  From all the world the shadow of Delight
Stalks where the sounds of ghostly laughter start
    The horrid echoes of the empty site
    Where he is chained when all but he are gone.

But here amid the riot and the roar
  And throbbing of a mighty people's veins,
Here where the boatman rests his nightly oar
  To hear the twilight tremble to the strains
Shouted by half a nation gathered there,
  Drunken with health and maddened with distress,
Here, quickened by the glorious furnace-glare
  Of veriest life, the spirit may forget
That which has seemed to be itself, and share
    The ampler life and feel the purpose set
    Of men that drink the wine of eagerness.

Here may a man conceive a great intent,
  And only pause to gather up his strength,
Then boldly strip off all impediment,
  And so prepare to issue forth at length,
Opposing to the enemies that wait
  Entrenched behind whole centuries of wrong
To meet his challenge at the very gate,
  The steady purpose of an iron will
That mocks its stars, and grapples with its fate,
    And grinds its destined future in the mill
    Of stern desire and resolution strong.

Along the lines of sun-forsaken dens
  Planned by some master architect of hell,
Steaming from foul and fever-laden fens
  All tainted by a poisonous river's spell,
Death and disease are passing to and fro,
  And hideous crime comes following in their wake,
And purpose fails, and cheeks are drawn with woe,
  And sinews shrivel, when the crazy door
Shakes with the summons of the triple foe
    Whose thundering knock proclaims from roof to floor
    Their murderous errand for their master's sake.

But clearly seen against the dusky sky
  Here, in the centre of the city's shame,
Out of the endless leagues of misery
  A tower rises up, and takes the flame
Sent as a herald of the coming day
  Long ere the morning wakes the world beneath
And sweeps the shadows of the night away;
  So in the twilight of our discontent
It shines above the shadows of dismay,
    Until the night-time of the world be spent
    And dawn at last begins to draw its breath.

And even now full many a wistful gaze
  Is turned upon it out of mortal pain,
And Hope that sets the dying eyes ablaze
  And hails Despair and bids him turn again,
Hope, true-begotten daughter of the light
  Mixed with the essence of delivering love,
Springs into perfect being at the sight;
  As when the spirit stricken by the sin
Itself has fostered in its own despite
    Looks to Christ's image lifted up within,
    And wins compassion from Himself above.

Here in the solemn silence of the ward
  The lamp of life with borrowed lustre burns,
Strength comes again, and vigour is restored,
  And health, as of a little child, returns;
Yea, here the pains of Death are set aside,
  Until his summons seems a gentle call,
Making the trackless deserts that divide
  The mighty living from the mightier dead
As welcome as remembered woodlands wide
    When first the wanderer knows his footsteps tread
    The mountain-passes by his father's hall.

Here would I sink myself, and so become
  One with the very spirit of the place,
And leave my soul to build a brighter home
  Beyond the boundaries of time and space—
The image of a better age to be,
  Built up upon the labours of our hands,
Though we have passed away, content to see
  The present glories of a life of toil,
And leave the future to His ministry
    Whose passing shadow was enough to foil
    The powers of darkness mustered through the lands.

ANON.

Passim.

In the name of all Guy's men, students, staff and practitioners, we offer our most cordial welcome to those who are now joining our ranks and wish them a successful career, full of honour to themselves and their hospital. The opening day of the session is to be celebrated by the Biennial Dinner of past and present students at the Hôtel Cecil; and the Physical Society will hold its first meeting on Saturday evening, when pathological specimens will be shown.

Arrangements for the Biennial Dinner have been most energetically carried through, by Mr. Charters J. Symonds, the hon. secretary. The seating is on the same plan as that which proved most successful at the Imperial Institute in June, with tables seating twelve apiece, and the principal table twenty-four. The Victoria Room where dinner is to be served is lofty and beautifully decorated, and should ensure comfort. The hon. secretary requests us to say that the guests who will be present are the outgoing and incoming treasurers, Dr. Clifford Albutt, Dr. Pye-Smith, and the Chaplain. The revised steward's list numbers 216 already, and it is expected that 250 at least will sit down to dinner. Present students are cordially invited to attend, and tickets may be had at a guinea apiece by application to the secretary up to the last moment.

Another item in the calendar of coming events, to which we would call our readers' attention, is the general meeting of all interested directly or indirectly, in the "Dis-Guysed" Minstrels. This is to be held in the anatomical theatre, on Monday, 5th October, at 4 p.m., and the Minstrels of last winter, and of the summer, are particularly requested to be present. The Minstrels have hitherto been in a somewhat anomalous position, being started originally by the Residents for the sake of Christmas entertainments in the wards, whereas their main business is now to appear before the public, and make money and a name for the re-endowment fund of the hospital, in which matter it is manifest that the Residents could not, *ipso facto*, be responsible. It is now hoped to initiate a regular constitution for the troupe, which will enable them to lay their plans for the season in plenty of time, and to enforce a certain amount of order and discipline, by the appointment of regular stage and orchestral managers and other officials.

While this matter is before the Guy's public, it is a question if the opportunity should not be taken to organize the other two series of musical entertainment in the hospital, namely, the ward-concerts at Christmas time, and the smoking concerts throughout the year. The latter especially are dependent on many variable circumstances, and on the tastes and energy of the Residents above all, in so much that they have been very intermittent of late. Perhaps it might be as well to start by the formation of a musical club, to include everything. But the Residents must have chief voice in the matter.

We were glad to notice in the *British Medical Journal* of a fortnight back, a paper by Mr. Alfred Salter, on the treatment of ringworm by formic aldehyde, or formalin. This treatment is now so well known in Guy's, and has had such a conspicuous success, that it should be part of the ordinary practice of every old Guy's man. There seems no doubt that it is the one and only treatment for the disease, especially in obstinate and hitherto incurable cases. And yet this discovery arose from the annoying fact that the inventor's pet cultivations of the ringworm microbe were all killed one night through his having left the stopper out of the formalin bottle. So do the fates at times turn good out of evil.

It is rumoured that some are dissatisfied with the recent appointments list, more especially with one particular feature of it, on account of which that cumbrous, inevitable, unpleasant and useless weapon of war, the Petition, has been prepared. For the rejected, who now have three months on their hands, we should advise as the best pick-me-up that they should apply for a Gazette reportership in the out-patient or post-mortem department. Entries close on September the 29th.

The school office will be greatly assisted if all present members of the hospital will pay in their hospital fees, dissecting-room moneys, and subscriptions for the Clubs' Union as soon as possible, so that there may be less congestion of business about October the 1st.

Talking of petitions and the school office brings us back to the long-forgotten controversy of a fortnight back on the subject of the new lodging-house scheme, now in full force. We have received a serious circular on the subject signed by a large number of our senior men, together with a copy of the original official

communication to the landladies. Space prevented our doing it justice in the present number and we have accordingly deferred its publication until our next issue.

THE leucocytes of the body politic of Guy's had a lively time of it a few days ago. They became suddenly aware of a considerable tumult amongst certain bacteria and cocci that had assumed a virulent demeanour and a detachment promptly repaired to the seat of inflammation, "armed to the teeth" as our war-correspondent humorously remarked. The actual method employed on the occasion is not yet publicly known. Some say they surrounded the obnoxious matter and extruded it in the usual manner; others that after searching diligently around they found no cause for the irritation and returned a verdict of "no matter." Certain it is that there is no appreciable redness or heat about the part at the present moment, and the scavenger tribe were seen on Thursday at mid-day in swarms, furiously attacking another subject in the shape of Mr. Batten's viands by the method of phagocystosis. Here there was only what is euphemistically known as an aseptic temperature, without any suppuration, and there is rest again throughout the community.

SHORTHAND-WRITERS may be glad to know that the society of medical phonographers will examine them in about a month's time and award them prizes for accuracy, if, before October 15th, they signify their desire to be examined to L. Eliot Creasy, Esq., 1, Windsor Road, Ealing. We may here repeat our request for a student shorthand reporter, who without any great attainment of proficiency may be willing to help occasionally with clinical lectures.

WE note with pleasure Mr. Astley V. Clarke's appointment as Honorary Assistant Physician to the Leicester Infirmary, *vice* G. W. Roll, resigned. Mr. Clarke, who has the college and Cambridge qualifications, was Dr. Taylor's house-physician until last July. He was universally respected, both professionally and socially, and he could, in addition, play a very good game of tennis when in form, figuring frequently with Pearse or Carter as the hospital first pair; so he is a valuable acquisition to Leicester, and we wish him every success. It is curious that one of the Leicester house-physicians is Mr. R. H. Fagge.

DR. SYKES, D.Sc., M.D., our lecturer on public health, has been distinguishing himself as chairman of committees in the great sanitary congress at Newcastle.

WE hope to review Mr. Tubby's "Deformities" in our next number. The Athenæum for September 5th had a most favourable and intelligent review of the book.

A GLANCE at the Nursing News will remind many Guy's men that one of the most capable and admirable nurses they have known has left Guy's after six years' work, and emigrated to the Gore Farm hospital. Our best wishes, as well as our regrets, go with Nurse Palmer to her new sphere of work.

THE GAZETTE, as everyone knows, is spreading its tendrils into the nooks and crevices of the most remote parts of the world. It has now sent a special mission from Odessa to Teheran, and across country inland to Bombay, in the person of Mr. R. O. Moon and a friend, who are armed with £40 worth of colocynth pills and others of Burroughs and Wellcome's commodities. We expect valuable results and some startling experiences for insertion in our pages, if Mr. Moon is not decapitated on the way.

WE publish to-day Mr. A. A. Miller's contribution to the prize-competion which has been adjudged in his favour by the committee. There were several entries, three of the papers being illustrated, and five attaining a considerable standard of merit. Mr. Miller accordingly receives the prize of £2; and additional prizes of £1 are awarded to Nurse Fox and Mr. H. A. Gaitskell.

Two of our house-surgeons have recently had an unpleasant experience in the coroner's court. Each was required to attend in the middle of the morning when time is most valuable, and accordingly, finding his attendance not likely to be required for some time, bargained with the porter to be fetched when his case came on, and on this understanding went away to do his rounds. The first returned to the coroner's room without having met the porter and was confronted with a fine of £5 for non-attendance. This was remitted on the following day as an enormous concession; and on the same morning the second house-surgeon repeated the offence and was threatened with a fine, which, the coroner remarked, would not again be remitted. The jury, of course, kept up a running accompaniment of futile remarks. The case is interesting but not instructive, for it is difficult to see that either side was to blame.

Guy's Hospital Clubs' Union.

The Formation of the Clubs' Union, by the amalgamation of the various constituent institutions, took place in the summer of 1891. The objects of the amalgamation are to further the interests of the clubs and societies existing at the Hospital by their mutual support, and to simplify the collection of subscriptions. By the payment of an annual subscription, or of a composition fee (see Clubs' Union Blue Book page 14), to the Clubs' Union, any student of the Hospital can obtain the privilege of membership of the constituent institutions.

The Ground of the Clubs' Union, which is under the control of the council, is situated close to Honor Oak Park station, on the London, Brighton and South Coast railway, and to the Crofton Park station on the London, Chatham and Dover Railway. It is nine acres in extent, and is the headquarters of the Guy's Football, Cricket, Athletic and Lawn Tennis Clubs. Under such restrictions as are found necessary by the committees of the several clubs, and are approved by the council of the Clubs' Union, every member of the Union has opportunities of practising and taking part in matches, and in the various sports and games. There is a large pavilion upon the ground with dressing and lavatory accommodation. Refreshments can be obtained by members of the Union according to the tariff of the Students' Club.

The ground-man, who is a professional cricketer, has quarters in the pavilion. His duties are to keep the ground in order, to prepare the wickets and lawn tennis courts, and to bowl to such members of the Union as shall be selected by the committee of the Cricket Club. Lockers may be rented on application to the ground-man, at a charge of 5s. for the summer or winter season, 2s. 6d. deposit is also required on the key.

Cheap railway tickets between London Bridge and Honor Oak Park stations are issued to members of the Union upon conditions which will be found enumerated in the Clubs' Union Blue Book.

The Hospital "Blue."—The "Blue" is awarded by the "Blues" committee to members of the six following teams:—Rugby Football, Association Football, Cricket, Lawn Tennis, Athletic and Water Polo, after considering the list of men suggested by the various clubs' committees through their delegates.

"Blues" are awarded so that at the end of each season the Rugby Football team be represented by fifteen "Blues," the Association Football by eleven, the Cricket by eleven, the Lawn Tennis by three, and the Athletic and Water Polo teams by a number dependent on the suggestions of the committee of the Athletic Club. (For instance, if the Rugby team at the end of the season contains ten players, who have already earned their "Blue" in the football team, the "Blues" committee will award five new "Blues" so as to make the number up to fifteen).

CONSTITUENT INSTITUTIONS.

The Football Clubs.—President: J. N. C. Davies-Colley, M.A., M.C., F.R.C.S. Rugby—Captain: K. B. Alexander; hon. secretary: F. L. Rae; captain second XV.: T. Morgan; captain third XV.: T. M. Walker; and a committee of five, one representing each year. Association—Captain: H. M. Barker; hon. secretary: H. Bernard-Onraët; captain second XI.: A. A. Miller; and a committee of five, one representing each year.

The Rugby Football Club has now been in existence for over fifty years, the season of 1895-96 being the fifty-second. Very little is known about its early history; it is, however, recorded that when the Rugby union was formed in 1871, the G. H. F. C. was one of the original pioneers, and the only hospital club in the movement; it then had a reputation second to none. The club's position in the football world was acknowledged by the Union electing J. H. Ewart to serve on its first committee, which included such historic names as A. Rutter (president), E. H. Ash (hon. secretary), F. J. Currey, F. Stokes, and A. G. Guillemard. Amongst the many brilliant players who at one time or another have appeared for Guy's, may be mentioned the following International footballers:—A. W. Pearson, W. W. Pinching, A. H. Jackson, L. Stokes (captain 1877-8), A. S. Taylor, W. G. Mitchell and A. Allport (England); H. M. Jordan (Wales); R. Evans (Scotland); and F. O. Stoker (Ireland).

In 1874 the Inter-Hospital Challenge Cup was instituted, which Guy's were fortunate enough to secure for the first time. Since its institution, St. Thomas's have held the Cup nine times; Guy's four times—the last occasion being in 1886; St. George's three times; London and St. Bartholomew's twice each; and Middlesex once.

In 1891, Guy's, Middlesex, and St. Thomas's were left in, the ties not being played out.

The prospects of the ensuing season are already being warmly discussed in the smoking-room, and elsewhere, and the well-worn subject of our chances of winning the Cup this year occupies a prominent place, as usual.

Of last year's team we lose Muriel at three-quarters, and other useful players. We hear that there is a chance of our having Gwynn's services, at any rate for a short time, and after Christmas, a well-known Oxford Blue is coming up. Beyond this we have heard nothing, and we shall probably have to depend on extreme keenness and combination to give us a successful season, and perhaps go a bit nearer that Cup than we did last year. Our forwards ought to be our strongest point.

We hope that backs as well as forwards will make the best use of the very excellent opportunities there are at Honor Oak Park and in the gymnasium of getting fit and keeping so.

A trial game will be held on October 3rd, further notice of which will be posted on the notice-boards. All freshmen wishing to take part in hospital football are particularly requested to try and make a point of playing in this game. The first match will be on October

10th, with St. Thomas's against Blackheath. A ball for practice can always be obtained at the ground at Honor Oak Park. The officers of the club will always be very glad to give any information required.

The following matches have been arranged for this season :—

FIRST FIFTEEN.

Oct. 3.	Trial Game	Home.
10.	*Blackheath	Away.
17.	Lennox	Home.
21.	Cambridge	Away.
24.	Old Leysians	Away.
28.	Croydon	Away.
31.	*Cardiff	Away.
Nov.		
7.	Rosslyn Park	Away.
14.	Wickham Park	Home.
18.	East Sheen	Away.
21.	Royal Engineers	Home.
28.	Lennox	Away.
Dec. 2.	East Sheen	Home.
5.	Old Merchant Taylors	Home.
9.	Royal Engineers	Away.
12.	Coventry	Away.
19.	London Scottish	Away.
Jan. 9.	Catford Bridge	Home.
13.	Croydon	Home.
16.	Harlequins	Away.
23.	Rosslyn Park	Home.
30.	R.I.E.C.	Away.
Feb. 6.	Marlboro' Nomads...	Away.
13.	Kensington	Away.
20.	Leicester	Away.
27.	Kensington	Home.
Mar. 6.	Richmond	Away.
13.	Old Merchant Taylors	Away.

*Combined with St. Thomas's.

SECOND FIFTEEN.

Oct. 3.	Trial game	Home.
10.	Beckenham	Home.
17.	Lennox	Away.
24.	Old Leysians "A"...	Home.
31.	... ...	
Nov. 7.	St. Thomas's Hospital	Home.
14.	St. Bartholomew's Hospital ...	Away.
21.	Kensington	Away.
25.	Lennox	Home.
Dec. 5.	Brockley	Away.
12.	L. & W. Bank	Away.
19.	Maidstone	Home.
Jan. 9.	St. Thomas's Hospital	Away.
16.	Kensington	Home.
23.	Old Leysians "A"...	Away.
30.	St. Bartholomew's Hospital ...	Home.
Feb. 6.	Beckenham	Away.
13.	U.C.S. Old Boys 1st	Home.
20.	Brockley	Home.
24.	Merchant Taylors' School ...	Home.
27.	Maidstone	Away.
Mar. 6.	L. & W. Bank	Home.
13.	... ...	
20.	... ...	

THIRD FIFTEEN.

Oct. 10.	... ...	Away.
17.	W. London "A"	Away.
21.	St. Mary's	Away.
24.	... ...	Away.
31.	Beckenham	Away.
Nov. 7.	... ...	Away.
14.	Upper Clapton	Away.
21.	Blackheath Prop.	Away.
28.	U.C.S. Old Boys	Away.
Dec. 5.	... ...	Away.
12.	... ...	Home.
19.	... ...	Away.
26.	... ...	Away.
Jan. 2.	... ...	Away.
9.	Upper Clapton	Away.
16.	.. ...	Away.
23.	... ...	Away.
30.	U.C.S. Old Boys	Away.
Feb. 3.	St. Mary's	Away.
6.	Beckenham	Home.
13.	Blackheath Prop.	Away.
20.	... ...	Away.
27.	... ..	Away.
Mar. 3.	Cent. Tech. Coll.	Home.
6.	W. London "A"	Away.
13.	... ...	Home.
20.	... ...	Away.

The Association Football Club was instituted in 1882; the Inter-Hospital Challenge Cup in 1885. For four successive years (1885–9 inclusive) Guy's held the Inter-Hospital "Soccer" Cup, and in addition the Surrey Cup of 1887 and 1889, and the Inter-Hospital again in 1894. St. Bartholomew's won the Cup in 1890, 1891, 1893, 1895 and 1896; St. Thomas's in 1892. Though we can number only one International among Guy's Association players, viz., N. C. Cooper, yet many well-known footballers have from time to time appeared, such as H. J. Holman, E. T. D. Mitchell, H. V. Hickman, H. B. Bolus, A. M. Daniel, N. Lavers, and A. B. Carter. The season of 1896–7 promises to be as successful, if not more so, than last, when we had to contend against many misfortunes. The fixture list is an excellent one, including nearly all the leading London amateur clubs, with one or two provincial professional teams. We lose the valuable services of Norman Lavers and R. T. Fitz-Hugh, who are out of their year. We have not heard as yet of any notable players entering this session, so that there is plenty of room for both freshmen and senior men who have yet to make a name. There will be a trial game on October 3rd, of which further notices will be posted in the smoking-room. From these games players will be chosen to represent the hospital in the opening match on the 10th. We hope that all freshmen who play Association will give in their names, with positions on the field, to the captain, H. M. Barker, or to the secretary, H. Bernard-Onraët, as soon as possible. We should like to urge on

members of the team, who are unable to play in any match, the necessity of scratching their names as soon as the list is put up, instead of waiting to the last moment, as it is hard lines on the secretary to have to fly about on Saturday morning to find someone to fill the place. This sort of business lost us the match on one or two occasions last year.

The following matches have been arranged for this season:—

FIRST ELEVEN.

Oct. 3.	Beckenham	Away.
7.	Trial game	Home.
10.	Surbiton Hill	Home.
17.	Weybridge	Away.
24.	Croydon Park	Away.
31.	Ewell	Home.
Nov. 4.	Cheshunt	Home.
7.	Eastbourne	Away.
11.	Chatham	Away.
14.	Bexley	Home.
18.	Vampires	Away.
21.	Hastings	Away.
28.	Old Forresters	Home.
Dec. 5.	Old Brightonians	Home.
12.	Old Harrovians	Home.
19.	Idlers...	Away.
Jan. 2.	Beckenham	Home.
9.	Croydon Park	Home.
16.	Cheshunt	Away.
23.	Old Wilsonians	Away.
27.	Civil Service	Home.
30.	Old Cranleighans	Home.
Feb. 3.	Newbury	Away.
6.	Ewell	Away.
10.	Mid Kent	Away.
13.	Idlers	Home.
17.	Vampires	Home.
20.	Eastbourne	Away.
27.	Old Wilsonians	Home.
Mar. 6.	Bexley	Away.
13.	Surbiton Hill	Away.

SECOND ELEVEN.

Oct. 7.	Trial game	Home.
10.	Surbiton	Away.
17.	Carlton	Away.
24.	Croydon Park	Home.
31.	Ewell...	Away.
Nov. 7.	St. Mary's Hospital	Home.
14.	Eltham	Away.
18.	St. Thomas's Hospital	Home.
21.	Beckenham	Home.
25.	St. Bartholomew's Hospital ...	Away.
28.	Old Forresters	Away.
Dec. 5.	Wallington	Away.
12.	Vampires	Away.
19.	Kenley	Home.
Jan. 2.	... ...	
9.	Croydon Park	Away.
16.	Ewell...	Home.
Jan. 23.	Old Wilsonians	Home.
30.	Old Cranleighans	Away.
Feb. 3.	St. Mary's Hospital	Away.
6.	Beckenham	Home.
10.	St. Thomas's Hospital	Home.
13.	Kenley	Away.
20.	Carlton	Home.
24.	St. Bartholomew's Hospital ...	Home.
27.	Old Wilsonians	Away.
Mar. 6.	Vampires	Home.
13.	Surbiton Hill	Home.

THE CRICKET CLUB.—President; W. A. Brailey, Esq., M.D. Captain: F. J. Nicholls. Vice-Captain: K. B. Alexander. Secretary: L. Humphry. Captain Second XI.: H. Durbridge, and a committee of four.

Guy's have always done well at cricket, and since the institution of the United Hospitals' Challenge Cup, in 1882, have held the coveted trophy for no fewer than ten years, from 1884–88 inclusive—the Cup, which is now the absolute property of the hospital—and from 1890–94. In the first two years of the competition King's were successful; in 1889 St. Thomas's, who were also winners this year. As may be imagined, with such success we have by far the best results of any hospital. From 1886 to 1893 we scored in cup-ties alone 5,522 runs to the 2,800 of our opponents, *i.e.*, almost *double* the number. The highest individual scorer was J. C. Shenton with 172, and an average of 91 in cup-ties. The following also have scored a three figure innings: W. J. Scott, F. Colclough, J. H. Joyce, W. I. Hancock, C. J. Francis. In bowling every year there has been excellent performances. Among the most notable were those of C. H. Rygate and J. D. Cruickshank, who bowled all the King's wickets down at a cost of only three runs in 1886; of J. H. Bettington, who took seven wickets for twenty-one runs against Bart.'s in 1890, as did W. G. Mitchell against St. Mary's in 1887; of J. H. Joyce, who captured twelve wickets for thirty-six against King's and eight for nineteen against Westminster in 1893; and of A. E. Clarke last year when v. Bickley Park, he took nine wickets for forty-three, and v. Brentwood with eight for sixteen runs.

There are many names of note in connection with cricket at Guy's, to mention all of which would crowd out other matter. However, in addition to those above mentioned, there are A. F. Clarke of Mitcham, E. J. D. Mitchell, S. Wacher, Edgar Reid, and the late J. B. Bettington.

THE ATHLETIC CLUB.—President: R. Clement Lucas, B.S., F.R.C.S. Hon. Secretaries and Treasurers: H. N. Collier, C. F. Watson, and a committee of eleven.

The athletic meeting used to be held every year at Stamford Bridge during the summer session; this year it was held at our own ground at Honor Oak Park. From amongst the successful competitors, the team to do battle for Guy's at the United Hospitals' meeting is selected. Since the institution in 1867 of the Athletic Championship of the United Hospitals—the first inter-

hospital competition of any kind—Guy's, who were the first to secure the shield, have won it on eight occasions, St. Bartholomew's nine times, St. Thomas's five times, King's and St. George's thrice each, and London and St. Mary's once each. Amongst the prominent athletes who have performed for Guy's, are W. Maltby, who appeared for North *v.* South in the two miles during 1873; A. W. Pearson, J. Reader, J. G. Gravely (1877), hurdles, in which his record, 16¾ seconds, remained unbroken until the present year; L. Stokes, A. S. Taylor, W. G. Mitchell, H. A. Munro, who for five years (1891–95), has won the mile and three miles, in each of which he holds hospital record, and in 1895 he won the amateur championship for 4 miles; H. T. S. Bell, who has three times (1892–94) won the 100 yards, twice (1892–93) each the 220 yards and high jump in both of which he holds record, and long jump (1893–94); last year he also tied for first place in the "high"; P. R. Lowe, hurdles (1892–93); F. S. Batchelor, 440 yards (1893); and E. N. Scott, throwing the hammer (1893–94–95).

It is to be hoped that the Hare and Hounds Club, which last year was in a very flourishing condition will be even more popular during the coming season. The Headquarters are at the Royal Forest Hotel, Chingford, on the borders of Epping Forest, from which some most delightful tracts of country are easily accessible. Short runs also take place during the week from our ground at Honor Oak Park. Having lost the services of H. A. Monro, we shall require an allround improvement to enable us to do as well as we did last year. We hope for a lot of help from the new men, especially from those who do not play football. The hospital has now held the Inter-Hospital Cross Country Challenge Cup for five years running, and we must not let it go this year. The opening run will be on October 10th. Slow and fast packs will be started and only a moderate run attempted. Matches have been arranged against both Universities and other clubs. The fixture cards are nearly ready and all other information can be obtained from either R. Balderston or W. L. Baker.

THE LAWN TENNIS CLUB.—President: W. Arbuthnot Lane, M.S., F.R.C.S. Vice-President: J. W. Washbourn, M.D. Captain: A. B. Carter. Hon. Secretary and Treasurer: A. S. I. Pearse, and a committee of six. The Lawn Tennis Club has been in existence for about eight years. There are nine very good grass courts at Honor Oak, which are open for play from the end of April to the end of September. There is also a single asphalte court opposite the "Ship," which is available all the year round. The key of this is kept with the College porter. Any member wishing to play may secure the court by writing his name on a list kept in the colonnade. The club holds at the beginning of the season an open tournament, which serves to bring before the notice of the committee all promising new players, while one or two matches are played every week with some of the leading London clubs. The Inter-Hospital Challenge Cup was instituted in Jubilee year; it was held by St. George's until 1890; Guy's held it in 1891-1892, since which time it has found shelter with St. Thomas's, the present holders.

THE RIFLE ASSOCIATION.—President: L. A. Dunn, M.S. Captain: W. H. M. Telling. Hon. Secretary and Treasurer: S. H. Mason, and a committee of five.

The Rifle Association is now in its fourth year of renewed life and vigour, and is going strong. During the last season, the high class of the fixtures was maintained, and the shooting was above the average. The Cup presented by Dr. Pitt, which was shot for last year for the first time, will again come up for competition in October. Probably a considerable number of men new to Guy's, have served in cadet corps and have already had practice, and it is to these we must look if we want to win the Inter-Hospital Cup, which we failed to do this year. Old cadets are, therefore, urged to at once join a Volunteer corps in order to get additional facilities for practice, more than the Union is capable of affording, and they will then have the advantage of always using the same weapon, which is recognised as essential. Further particulars may be obtained from any of the officers.

THE BICYCLE CLUB.—President: C. H. Golding-Bird, F.R.C.S. Captain: T. E. L. Bates. Hon. Secretary and Treasurer: A. Lister-Kaye, and a committee of six.

The Club meets for runs every Wednesday and Saturday, and has two race meetings in the year (in addition to the Inter-Hospital contests).

A general meeting for the election of officers, etc., will take place in November, and all Students who are cyclists are requested to communicate with the Hon. Secretary, or any member of the committee, as soon as possible, so as to join in the final club runs of the season.

The object of the club is to promote social runs among the members. As several valuable prizes have been promised it is hoped some speed men will also come forward for the coming season.

THE SWIMMING CLUB.—President: A. D. Fripp, M.S. Captain: A. St. John Styer. Hon. Secretary: G. Marshall.

The Club is in a most flourishing condition; last year two polo teams were run, both of which were very successful, the first team beating, amongst others, both the Universities, and again winning the Inter-Hospital Cup. The practices are held on Thursday afternoons, during the summer season, at 4 p.m., at St. Saviour's Baths, Lavington Street, Southwark. All further information will be willingly supplied by the hon. secretary.

THE PUPILS' PHYSICAL SOCIETY.—Hon. President: Samuel Wilks, M.D., LL.D., F.R.S. Hon. Secretary: J. H. Targett, M.S.

This flourishing Society was founded in 1830, on the plan of the old Physical Society, which existed during the latter part of the eighteenth century at Guy's

Hospital. From a copy of the old laws of the Physical Society, dated 1800, we learn that the Society met every Saturday night from seven to ten, during the month of October, and each month until the following May. Business at these meetings was divided into private, including "matters in which the Society may be concerned," and public, consisting "in the communication of cases and opinions." A fine of sixpence was exacted from a member absent at the "Roll Calls," also from a member refusing "to hold up his hand on one side or the other," to decide any question. Members were divided into honorary, ordinary and corresponding. So much for the old Physical Society, of which an account is given in the *Biography of Guy's Hospital*, by Wilks and Bettany, a work which every Guy's man should possess. It may be obtained from the librarian, who has still some copies of the first edition, price 10s. 6d.

At the Pupils' Physical Society, which meets fortnightly on Saturday evenings, a paper on some subject, not necessarily of medical interest, may be read by any member, to be followed by a discussion.

"Clinical Evenings," are devoted to the exhibition and discussion of interesting cases in the hospital which may be shown by any member. The following is the programme for the ensuing session :—

1896.

Oct. 3.—General Meeting of the Society.
„ 17.—Clinical Evening.
„ 31.—Vacant.
Nov. 14.—Pathological Evening.
„ 28.—Paper, by P. N. Vellacott.
Dec. 12.—"Histology of Cancer of Breast." S. E. Denyer.

1897.

Jan. 9.—"Castration — Its history and practice." F. E. Fremantle.
„ 23.—Clinical Evening.
Feb. 6.—"Varicose Veins." H. J. Starling.
„ 20.—Pathological Evening.
Mar. 6.—"Pathology of Glaucoma." A. W. Ormond.
„ 20.—Treasurer's Prize Essay on "The value of the Examination of the Blood in Typhoid Fever."

Members are reminded that in connection with the Society, every year prizes are offered for competition. The Treasurer's Prize of £5 is given annually, and the subject for the ensuing Session is "The value of the Examination of the Blood in Typhoid Fever." The Society Prizes include a prize of books or instruments of the value of £10, for the best paper read before the Society during the session; a prize of the value of £4 to the member who distinguishes himself most in the discussions, and a prize of the value of £5 to the member who exhibits the best specimens of scientific interest during the session (see Clubs' Union Blue Book, page 40).

THE DENTAL SOCIETY.—President: J. H. Badcock, L.R.C.P., M.R.C.S., L.D.S. Vice-Presidents: H. L. Pillin, L.D.S., R. Wynne Rouw, L.R.C.P., M.R.C.S., L.D.S., A. E. Baker, L.R.C.P., M.R.C.S., L.D.S. Hon. Treasurer: Montague F. Hopson, L.D.S. Hon. Secretary: G. S. Simpson, and a committee of five.

The society was founded in the early part of 1894. Its second session commenced in October last, and was eminently successful in every way; good papers were read and much interest was taken in the meetings by the members.

Meetings are held every month during the winter session. They are held in the Dental Lecture-room, on the second Tuesday in each month, at 4.30 p.m. Papers on subjects of dental interest are read, after which a discussion takes place; clinical cases are also shown at each meeting; and one evening during the session is specially set apart as a clinical evening. This year a prize of £5 will be given for the best paper read before the society.

THE CHRISTIAN UNION (hon. secs.: H. P. Ferraby, A. W. Ormond and W. K. Wills), has for its object the furtherance of the Christian life at Guy's hospital. It is the perpetuation of the meetings instituted here by Drs. Habershon and Golding-Bird over forty years ago. On Tuesdays, at 4.15 p.m., meetings are held for Bible study. On Thursdays, at 4.30 p.m., addresses are given by visitors invited for the occasion. These meetings are held in the board-room, by the kind permission of the Treasurer. A room (No. 43) in the College is rented by the members for committee meetings, prayer meetings (daily at 12.45 p.m.), study and social intercourse. A Missionary Society has recently been formed, and has already proved a success. This is an attempt to unite the interest of the students in the work which is being carried on in foreign lands by medical missionaries, and to increase the knowledge of foreign missionary work among all who are in sympathy with it. A missionary meeting at 8 p.m., on the 6th, and an inaugural prayer meeting at 4.15 p.m. on the 8th, in the council and board rooms respectively, are the first items in the programme, which we hope to publish in our next issue.

THE DEBATING SOCIETY.—President: F. W. Pavy, M.D., LL.D., F.R.S. Vice-Presidents: L. A. Dunn, M.S., F. G. Hopkins, M.B., B.Sc., and J. Fawcett, M.D. Secretaries and Treasurers: R. Howard and S. J. Ormond; and a committee of three senior and three junior students.

The Debating Society is entering on its fifth year of existence, and its third as a constituent of the Clubs' Union. It meets once a month, and debates are held on any subject, whether political, scientific, or of general interest; the expression and discussion of theological views, however, is "absolutely prohibited." At the end of the session a "Ladies' Night" is held, at which lady friends of members are invited, not only to be present, but to take an active part in the discussion. The first meeting will probably be held on the last Saturday in October, the subject for debate on which evening will shortly be announced. Members desiring to bring

forward a subject for debate must forward to the Secretary their subject, together with the *signature of a member willing to oppose him.*

THE GUY'S HOSPITAL GAZETTE is the journal of the Pupils' Physical Society, and is conducted by a committee of publication under the chairmanship of J. H. Targett, M.S. A student member of the committee is elected by them to act as sole and responsible editor during such time as the committee may please. The publication takes place fortnightly on Saturdays, from the library of the hospital, where copies may be obtained by all members of the Clubs' Union and by immediate subscribers to the GAZETTE, and this issue only is specially enlarged to 56 pages. The first number was "launched" on October 1st, 1872, and the GAZETTE is thus entering on its twenty-fifth year of existence. It was the first medical students' journal ever published in this country. It ran an uninterrupted course until 1879—the last number appearing in November of that year—or, for that matter, in any other, so far as can be ascertained, and was then suppressed, rather from excess of zeal than from lack of material. The present "new series" was inaugurated in 1887, and since that time it has continued to flourish without a break. The original GAZETTE was a two-leaf publication and had only a small circulation in the hospital itself. It has attained to the proportion of 32 pages and has a circulation of over 1,500, the greater part, of course, amongst old Guy's men and nurses. This prosperity, as few men realise, depends largely upon the sound financial footing on which it is placed, and upon the business-like arrangements for its publication which are mainly due to the business staff of the hospital and medical school. It is for this reason that we publish advertisements, although studiously excluding them from the letter-press and so from the bound volumes; and it is partly for the same reason that we occasionally publish critiques of the chief matters advertised. As a result, other hospitals have envied our success and have endeavoured with the assistance of our business staff to follow our example.

The columns of the GAZETTE are open to contributions from all students, old and new, and from past and present members of the nursing staff; and here we cannot do better than quote from the editorial notice of October 1st, 1872: "We would ask all Guy's men to aid us with every information they think will be useful to their fellow-students. To the surgical, medical and clinical clerks we shall look for reports of remarkable cases; to the post-mortem clerks for notes of interesting autopsies, and to the others, each in their several departments, for an account of such facts as they may come across in discharging the duties of their appointments, and may think likely to prove of value to others." To this we would add that reports of the various clubs and institutions now comprised under the "Clubs' Union" are always welcome. For news of matches, then, and information of various kinds concerning their respective committees, we must look to the various secretaries, who should make either themselves or some other suitable person responsible in the matter.

We would call their especial attention to the calendar of coming events, which is now published in every number. In order that this may be complete, secretaries of clubs and institutions are requested to furnish particulars of changes in, or additions to, their list of fixtures, not later than the Thursday morning of each week of publication.

Old Guy's men and nurses are asked to contribute matter of interest, whether technical or otherwise. Present students are requested to assist as suggested above; to be zealous in the writing out of cases for publication, and if possessed of the great gift of shorthand, to offer their services to take down and transcribe one or more clinical lectures for the GAZETTE at any time.

The columns of the GAZETTE are also open to any reasonable correspondence concerning grievances, improvements, or facts of interest, the writer's name being requisite as a guarantee of good faith, if not for publication. All contributions must be deposited in the editor's box in the colonnade, or addressed to the editor by post by Wednesday at latest in each week of issue.

THE REPORTS.—Edited by W. H. A. Jacobson, M.A., M.Ch., and E. C. Perry, M.A., M.D.

The first volume of the Guy's Hospital Reports appeared in 1836. The Reports are now published annually, and contain contributions upon professional and scientific subjects from the staff of the hospital and medical school. The volume of the present year is the 52nd.

THE STUDENTS' CLUB.—President: P. H. Pye-Smith, M.D., F.R.S. Treasurer: C. J. Symonds, M.S. Hon. secretary: J. Fawcett, M.D. Hon. assistant secretary: V. E. Collins. Committee: A. D. Fripp, M.S., G. B. Smith, B.S., F. J. Steward, B.S., F. S. Batchelor, A. J. Cleveland, G. F. Clowes, E. F. Watson, and the president of the resident staff.

A full account of the Students' Club rooms will be found in the Clubs' Union blue book, p. 48. We are asked to direct attention to the "smoking concerts" which are held every month under the supervision of the residents. In answer to our appeal last year, we were glad to see that some of our junior men took an active part in these concerts. We hope for more improvement in this respect during the coming season.

The residents will soon be thinking, doubtless, of the Christmas Minstrels; it should be remembered that the smoking concerts afford opportunity to those who wish to become one of the "Dis-Guysed" to prove their worthiness.

The Pavy Gymnasium, which was built and furnished by the liberality of Dr. Pavy, is open daily for practice, and during the winter session a boxing instructor attends on each Thursday afternoon, and a gymnastic and fencing instructor on each Tuesday afternoon. At the end of the session a competition for prizes is held, and

a display of gymnastics and boxing and fencing is given on the "Ladies' Night."

A new apparatus has been erected for the punching-ball, to satisfy the complaints of various of our boxing fraternity. The hon. secretary of the Gymnasium is W. S. Richardson.

The "Dis-Guysed" Minstrels.

It has been written of the streets of London City, that "they were built before they were designed," and similarly it may be said of the "Dis-Guysed" Minstrels, that they have hitherto done their work with no better constitution than a name and a purpose. When, towards the close of last year, the good old annual custom of a nigger troupe, under favour of the residents, took form in view of Christmas festivities, the atmosphere of Sustentation enveloped the hospital. Like true sportsmen, the potential niggers warmly espoused the cause, and spontaneously placed their services at the disposal of the authorities with a view of giving public entertainments for the benefit of the fund. The result is now a matter of history, and the general feeling has been that so remarkable and successful a departure should be perpetuated. To accomplish this, it was freely recognised that something more stable would have to be substituted for the chivalrous and delightful, but empirical, methods of management which prevailed last season. The want of some settled organization began to be felt, when requests for their services came from influential sources at a time when the troupe was practically disbanded. In April of the present year, therefore, a meeting of those who had been members of the troupe was held, to consider requests received from Shortlands and Hanworth Park, that the "Dis-Guysed" should assist in Fêtes to be given at those places in aid of the hospital funds. The meeting decided that the troupe should give their services on the occasions in question, and appointed a provisional committee to carry out the necessary arrangements. The meeting further requested this committee, in view of the future existence of the "Dis-Guysed" Minstrels, to remain in existence until October next, to draw up a constitution suitable for a society of the kind, and to call a meeting of those interested, and of representatives of the Residents, to which meeting should be submitted proposals with a view to the permanent organization of the troupe.

The provisional committee have acted accordingly, and notice is hereby given that a meeting will be held in the anatomical theatre, on Monday, the 5th October, at 4.15 p.m., when draft rules will be submitted and certain resolutions proposed. All those who have musical tastes (whether vocal or instrumental), or are interested in things appertaining to negro minstrelsy, are earnestly requested to attend.

J. A. REASIDE, *Sec., pro tem.*

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	3, 19, 20.	Pericarditis.
	9.	Mitral stenosis and regurgitation.
	13.	Mitral regurgitation.
	24, 50.	Mitral stenosis.
	29.	Mitral stenosis and regurgitation.
	36.	Mitral and tricuspid stenosis and regurgitation.
	44.	Aortic stenosis and regurgitation. Mitral regurgitation.
Philip	1.	Leucocythæmia.
	3.	Mitral and tricuspid regurgitation.
	8.	Mitral regurgitation.
	12.	Obstruction of inferior vena cava.
	17.	Aortic and mitral regurgitation.
	19.	Aortic regurgitation. Angina pectoris.
Stephen	1, 14.	Mitral regurgitation.
	21.	Anæmia. ? Cause.

Nervous System.

Mary	10.	Peripheral neuritis.
	11.	Cerebral tumour. Removal.
	23.	Disseminated sclerosis.
	24.	Chorea.
	26, 40, 45.	Exophthalmic goitre.
	28.	Left hemiplegia.
	33.	Ataxic paraplegia.
	38.	Hysteria.
	42.	Peripheral neuritis.
Philip	10.	Right hemiplegia.
	11.	Left hemiplegia.
	24.	? G. P. I.
	30.	Plumbism. Tremors.
	31.	Sciatica.
	34.	Syringomyelia.
Stephen	9.	Chorea.
	11.	Neurosthenia.
	20.	Sciatica.
	31.	Primary lateral sclerosis.

Alimentary System and Abdomen.

Mary	4.	Ascites. Pleuritic effusion.
	6, 49.	Gastric ulcer,
	32.	? Carcinoma of stomach.
Philip	3.	Ulcerative colitis.
	28.	Hæmatemesis. Gastralgia.
Stephen	4.	Cirrhosis of liver. Ascites.
	17.	Cirrhosis of liver. Jaundice. Enlarged spleen.

Typhoid Fever.

MARY	7, 34, 46.	
PHILIP	23.	
STEPHEN	32.	

Respiratory System.

MARY	15.	Hæmoptysis. Phthisis.
	22.	Broncho-pneumonia.
	25.	Phthisis.
	47.	Pleurisy. Pneumonia.
PHILIP.	18.	Phthisis. Tuberculous Laryngitis.
	33.	Phthisis.
	40.	Phthisis.
STEPHEN	23, 24.	Phthisis.

Genito-Urinary System.

MARY	15.	Chronic nephritis.
PHILIP	5.	? Lardaceous kidneys.
	7, 27.	Chronic tubal nephritis.
STEPHEN	2.	Chronic nephritis.
	18.	Acute nephritis.
	29.	Chronic nephritis.

Miscellaneous.

MARY	37.	Eczema.
	39.	Epistaxis.
	41.	Acute rheumatism.
PHILIP	21, 36.	Acute rheumatism.
	39.	Local œdema.
STEPHEN	13.	Gout.
	25.	Eczema.
	33.	Erysipelas. Bronchitis.
	38,	Hyperpyrexia. Acute Rheumatism.

In the Surgical Wards.

CASES UNDER MR. HOWSE (MR. SYMONDS).

ACCIDENT	14.	Fractured patella.
NAAMAN	3.	Talipes equinus. Displacement backwards, with flexion and rotation ontwards of tibia on femur.
	4.	Carcinoma recti.
	6.	Stricture of urethra.
	13.	Hæmaturia. ? Villous growth.
	19.	Epithelioma at root of tongue.

CASES UNDER MR. DAVIES-COLLEY.

LYDIA	4.	Amputation through thigh. ? Necrosis of femur.
	9.	Carcinoma mammæ.
LUKE	4.	Spinal caries. Ilio-psoas abscess.

CASES UNDER MR. LUCAS (MR. LANE).

JOB	13.	Chronic intestinal obstruction.
	14.	Necrosis of lower jaw following fracture.
	17.	? Necrosis of margin of orbit.
	20.	Varicose veins.

CASES UNDER MR. GOLDING-BIRD.

ACCIDENT	6.	Fractured olecranon.
	11.	Fractured femur.
CORNELIUS	8.	Ruptured urethra.
	15.	Contusion of spine.
MARTHA	6.	Multiple sarcomata.
	16.	Hydronephrosis.
	18.	Fractured femur.
	21.	Fractured patella. Wired.
LAZARUS	5.	Otorrhœa. Mastoid abscess.
	10.	Large swelling at back of neck. ? Glandular and inflammatory.
	15.	Enlarged testicle. ? Adeno-sarcoma, etc.

Chapel News.

(CONTRIBUTED BY THE CHAPLAIN.)

IT is our duty, as it is our pleasure, to assure all persons connected in any way with the Hospital that, should they wish to make use of the Chapel Services, they are perfectly at liberty to do so. For the information of those who have not yet seen the list of Services hanging in the Chapel porch it is here copied:

Sundays: Holy Communion every Sunday at 8.40 a.m. and on the first, third, and fifth Sundays at 7.0 a.m. also. Mattins and Sermon at 11 a.m.; Evensong and Sermon at 7 p.m.; *Daily:* Mattins (shortened) at 9 a.m.; *Thursdays and Holy Days:* Holy Communion at 7 a.m.

IT has been a very great happiness to us to see the son of an old Guy's man acting as deputy during the absence of our organist on holiday. Mr. R. Larkin will play on September 27 also.

The new "Gamba," of which we spoke some weeks ago, has been added to the organ. Its cost was £12, and we gratefully acknowledge receipt of the following subscriptions: The Treasurer, 21s., Lord Aldenham, 21s., Mr. Davies-Colley, 21s., H. Cosmo Bonsor, Esq., 40s., Mr. C. H. Golding-Bird, 21s., Mr. J. A. Shaw Stewart, 21s., Dr. Perry, 10s. 6d., Mrs. Perry, 10s. 6d., Mr. H. Williams, 10s. 6d., the Chaplain, 10s. 6d., Mrs. Bowden, 10s. 6d., Sister Dorcas, 10s. 6d., Sister Ruth, 5s., another guinea has been promised, leaving only a balance of 6s. to be collected.

THE Harvest Thanksgiving Services will be on Sunday, October 4th, and the offertories will be given to the Hospital Re-endowment Fund.

"THE Guild of St. Barnabas (Son of Consolation) for Medical students," is a good name for a good thing. Its object is "To assist Medical students in maintaining a high standard of faith and practice in the exercise of their profession;" "The amendment of their lives and souls and to noriche love," to quote words which often appear in the Ordinances of the early English Guilds.

No man can become a member until he has commenced his professional studies and unless he be a communicant of the Church of England. Amongst the many men and many minds who call Guy's their Alma Mater, there will be some who will be glad to avail themselves of the fact that the Secretary of the Guild is J. Currie, Esq., 54, Finsbury Park Road, N.

Nursing News.

THE pass list from the surgical examination is a long one this time, and we are glad to congratulate the many successful candidates. The following is an alphabetical list of the names: —Alexander, Attenborough, Bullows, Cawley, Cheetham, Dixon, Drake, Dewhurst, Dowell, Freeland, Graham, J. Grey, M. Grey, Garnet, Hockley, Harding, Heath, Harmer, Jones, Kennedy, Knott, Lambert, Latham, Lyon, Lloyd, Lawley, Lazarus, Mann, McHinley, McKechnie, Mountford, Nash, O'Neil, Oyler, Pegg, Purkis, Pinfold, Percival, Rowell, Roffey, Reeve, Stoney, Sutton, Thompson, Thomas, Tippetts, E. Tubbs, Vacher.

Probationer Tippetts gained the highest number of marks, and was closely followed by Miss Alexander, Probationer Sutton and Probationer Lambert.

A course of lectures on nursing commenced on Thursday, September 24th. Lecturer, Sister Philip.

One of our senior workers on the nursing staff has left us during the last few days.

Miss Palmer has held the post of sister in the surgery for some little time now, and previously she had been for several years head nurse in John ward; altogether she has been with us for about six years, and done much valuable work. Miss Palmer is now night superintendent at the Gore Farm Fever Hospital at Dartford, and we wish her good success in this responsible position.

There is little or nothing to say at present about the Nurses' Cycling Club, the daily papers having already forestalled us. We shall hope shortly to be able to announce positively that a club-house is taken and "runs" into the country commenced.

Seeing the Sights.

THIS column is intended solely for the freshman, who, coming up from the provinces, or straight from school, has all London to see, but does not quite know how to set about seeing it. He would probably find it all out for himself in about a fortnight if he gave his mind to it, but these remarks are intended to save him mental worry, and possibly the money with which experience is bought. Moreover, since we have started out to play the mentor in matters of study, we feel it behoves us to do the thing well and advise as to relaxation as well.

First of all then, don't despise the attractions of the Surrey side, for, at any rate, so far as the music-halls are concerned, you will get better entertainments at lower prices than you will the other side of the water. The Canterbury, the South London, and the Star, Bermondsey, are all excellent in their several ways, and provide shows that really are "variety" entertainments, and lack the dull monotony of certain of the big west-end halls; they possess the further advantage of being easily reached from the hospital. Thus the Canterbury is close to Waterloo, and the South Eastern railway takes you almost to the doors; a bus to "the Elephant" lands you a few yards from the South London, and the Star, Bermondsey is a few minutes' run by the Brighton railway. Then there is that old home of the drama, the Surrey theatre, where the famous Conquests still rule the roost; here blood-curdling melodrama is always on tap, and for quiet fun, blood-curdling melodrama is hard to beat. If you don't care for the show, it is worth going to see the audience; all the aristocracy of the Surrey side, with their legs hanging over the gallery, cheering the hero, hooting the villain, spitting on the heads of the people below, and eating "middle-bits" between the acts. Once we were at the Surrey when a gentleman in the dress circle staggered down to the front and emptied a pot of beer on the pit; the pit rose as one man and refused to be comforted till the beer slinger had been ejected.

One of the most comfortable theatres in London is the Theatre Metropole, at Camberwell; excellent companies, frequently from the west, are to be met here, and you can tram it all the way from the Elephant. Of the old-established shows there still remains the Elephant and Castle Theatre, which has generally something worth seeing.

As to the west end, it is of course impossible to advise as to the merits of one theatre over another; that must always depend on the taste of the individual. Of the halls, the Pavilion, Tivoli, and Oxford, provide almost identical shows, and there are people who like them. The Palace is miles ahead of any of the others, and taken all round, is perhaps ths best show in London. The Empire affords an exceedingly mild (*pace* the U. P. U.) form of entertainment, mainly consisting of Ballets, Acrobats, and Performing Dogs; still it is a famous place, and as such ought to be seen. Asked how to get there we should say, get to Charing Cross, either by 'bus or South Eastern railway, then ask the proverbial policeman; all places of entertainment in the west are between half and three-quarters of an hour from Guy's.

It is just possible that the palate of the epicure may yearn for other viands than those of Mr. Batten; this may sound startling, but we have known men who have preferred to dine out. To any such, for good and cheap dinners we would recommend The Rainbow, Rule's, and the grill room at the Grand, for anywhere near the Strand, while Pinoli's, Privitali's, and above all Frascati's, are the best known to us further north.

The best families do not dine at Lockhart's.

A Holiday Experience.

THE WINNING CONTRIBUTION TO THE PRIZE COMPETITION.

THAT it was an experience, and a fairly varied experience too, there exists in my mind no shadow of doubt; but the holiday aspect of the affair is not quite certain. It was this way. As almost every man, woman, child, and domestic animal in the kingdom knows, Guy's Hospital is in want of a modest half-million of money to set her finances on a firm basis. It therefore occurred to myself and several others of the "young fellows" that we might do our little bit towards putting our *alma mater* right. We did not of course expect to clear off the debt altogether, but still we thought we might move some of it, and there was nothing like trying; we had heard weird tales of noblemen in disguise raking in untold wealth by singing in the street, why then should not we, noblemen in all but rank, go and do likewise? Anyhow, we went.

The first difficulty was the music; should we have a piano or should we have a harmonium? One way and another, we decided that the handiest thing would be a harmonium. A harmonium we accordingly got.

Gentle reader (for all readers are gentle, *ex officio*), did you ever try to play on a portable harmonium, when all your life you have been accustomed to a piano? It is a weird and fearsome thing. First of all, it has only got three-and-a-half octaves, and in the midst of your finest flights you find your hand wildly striking at nothing over the end of the machine; then you've got to keep the pedals going all the time, for nothing upsets your sentimentalist more than for the accompaniment to go off into a wheezing noise just as he is getting to work on his high A, which is what happens if the harmoniumist forgets to "keep his big feet moving." Then, again, it is fatal to put three notes into a chord, because that upsets the apparatus altogether, and you might as well be playing the bagpipes. After the first try we wished we hadn't got that harmonium, and concluded to try for a piano. Accordingly we went to every piano shop in Brighton (for Brighton was the seat of operations) to try and get what we wanted. But the piano shops knew better; we pointed out to them that taking pianos out into the damp air greatly improved their tone and saleable qualities, but the shop keepers intimated gently but firmly that they did not want to be taught their business by us. At one shop I mildly suggested that it was absolutely essential for a good piano to have a good "damper," but I had to leave suddenly before we could come to terms.

Finally, after about six hours' weary search, we found a shop in a side street where there was a man who had a

piano to let for out-door work, but wasn't going to let it. We asked him "Why not?" He said because he didn't care to. After some more of this lucid form of argument, he gave us to understand that the reason was that "he had been bitten so often." He looked it. We assured him that we were quite harmless, and asked him if he thought we looked like sharpers. He replied that he did not know. He was a very intelligent man. Finally, he decided that we could have the piano if we could get a wire from the hospital to say that we were genuine. We accordingly assured him that a wire would come down from Mr. Reaside, as representing the treasurer. Mr. Reaside, however, thinking to give the thing a finish, signed Mr. Wells' name to the telegram, which meant another hour's explanation, and giving three references to residents in Brighton. However, we got our piano in the end, and hauled it on to a trolley. As we departed triumphantly, the piano man explained to us that "Business is business." We didn't stop to argue the point, because we had never suggested that it was anything else; besides, it is the great stock phrase in Brighton, and everyone you have any dealing with tells you the same thing, in so much that at one time we nearly began to believe it; but before we left we came to the conclusion that "business" was only another name for "theft." This by the way. *Revenons.*

At eight o'clock on the evening of our arrival we sallied forth—six miserable black men and one dainty Pierrette. As we passed along, all the pent-up wit of Brighton burst forth upon us—"'Alf a mo'," "Now we *shan't* be long." That's the only really witty thing to say nowadays, and they all said it. One, not quite so brilliant as the rest, asked, "'Ere, when are they goin' to burn yer?" Another very small boy issued the salutary warning, "Yuss, mind you don't get pinched." But through all this tirade of merciless chaff we preserved our dignity.

One of our number was a local celebrity whom we will call Pipson; that wasn't his name, but "business is business;" he was very willing to do all he could to help but he was particularly anxious not to be recognised. Unfortunately he had one of those faces that you can't miss; the sort of face that an excursion train might run over and yet not alter its expression. However, he piled on the black and a big wig and a clean collar and fondly imagined that he had "assumed a complete disguise." But it so happened that all his friends were about that evening, and every other yard you heard, "Why there's old Pipson," "What cher Pipper," "What ho, old man, making a bit to go away with?" and so on. A little further on we met his aunt. His aunt was a lady with exceedingly "respectable" views and a happy knack of handing on fivers to dutiful nephews; as we passed she put up her lorgnettes and said "That person's remarkably like Frederick, though of course it can't be.

These nigger people ought to be locked up." This so upset the gentle Pipson that when we started the show he forgot to play the "repeats" in the banjo march with which we opened, whilst the pianist, thinking he had gone back to the beginning, went back too, and the other banjoist, thinking he had got on to the coda, had a go at that. This style of thing didn't attract the crowd very considerably, so we concluded to get back and rehearse a bit. Of course, we went round with the hat before going in. When we got home we counted up the spoil, which included six French pennies, one English farthing, a brass button and a cough lozenge. We then started to rehearse with renewed vigour.

We were in the midst of our rehearsal, when a knock came at the door, and an apparition entered. It was in the shape of a tall, dark man, with a much curled moustache, a goater beard, a large mass of black hair, the hair surmounted by lavish quantities of bears' grease, the grease surmounted by a remarkably curly hat. His head was too big for his body, his body was too big for his legs; he looked like a hypertrophied peg-top. He wore three embroidered waistcoats, his coat collar and sleeves were of silk, his watch-chain would have fitted a steam crane, and he carried a great silver-topped mace as a walking stick. He was wafted in upon an odour of patchouli, and said with a really marvellous English accent, "My name is Bleuville, the Comte de Bleuville, no doubt, you know my charming song that has just reached its thirtieth thousand." "Oh, yes," I clipped in, anxious to please him, "The Lost Chord." "No," he replied severely, "The First Cuddle." I explained that I always confused the two; this seemed to pacify him, for he became quite amiable, and said he had come to see if he could be of any assistance to us.

He had got a song which he thought was a very good song, and would just suit us; he knew it was a good song for he wrote it himself. We tried it over and said we thought so too. We tried it over again when he was gone and it somehow did not seem quite so good; the subjects treated of seemed a trifle worn, and the chorus was two lines too short, and the tune was one of those things that one is born knowing. Still, first impressions are, no doubt, the best, and we said we liked it. We promised to learn it and sing it on a given date, and the Monsieur le Comte promised in return to advertise the fact in one of the leading dailies. By an oversight he omitted to mention that "Business is business."

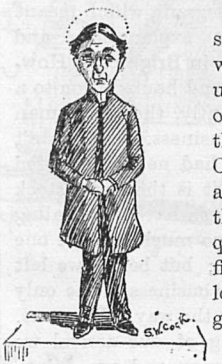
He arranged that on the occasion of the performance of his song he would run down and hear it; however, when the time arrived there was no Count, but we kept the song waiting in case he should turn up later. He didn't turn up, and the song is still waiting.

The first night we had pulled the piano about ourselves,

but this we found a trifle exhausting, not to say trying to the temper; so on the following day we hired a piano-pusher. He was a lovely man, in rags that hung on to him in a way wonderful to see, and with a brilliant scarlet neckcloth; this touch of colour seemed to give quite a finish to the troupe. There was a ribald person in the crowd who asked me if he was a student. But he was more trouble than he was worth was this piano-shover; he would always scratch up to me while I was in the middle of a song, and whisper that he was just going round the corner, but would be back in half a minute. I don't say he wasn't justified, but still it was annoying; for when we wanted to move on suddenly, from reasons connected with "invalids" or policemen, he was still busy round the corner, and we had to get the piano along ourselves. We determined that on the next occasion we would get a man who wasn't so much of a dog fancier. When he did turn up we used to go behind and push so as to lighten his burden, but if ever we stopped pushing the piano stopped too, and I have something more than a suspicion that we were not only shoving a piano, but a man also.

There was one brilliant instance of the feelings of affection with which every old Guy's man regards the old hospital in the Borough, which I feel it my duty to bring before the notice of the readers of this Gazette. On a certain night there stood in the crowd an individual who heard our show through with apparent interest; when one of us went round with the hat he was surprised to be called aside by the stranger and questioned minutely as to our being genuine students. It turned out that the mysterious one was an old Guy's man, with all the patriotism that that implies; he told of the times he had when a student, and how he longed for them over again. When he had quite satisfied himself that we were genuine, he wished us and the hospital every success, put a penny into the hat, and departed with that joy that comes of the knowledge of good deeds done. Gentle reader, it was little things like these that made us feel that our labours were not altogether in vain. What though several people moved off, and their money was lost what time he was putting his searching questions? "Business is business," and we could only respect him for not wanting to throw away his money on a swindle. We valued his penny far more than the threepenny-bits of the plutocrats; that penny which others in his position, but more selfish than he, would have spent upon a shave.

After the first two days we decided to give over blacking-up, as it added about twenty per cent to our labours, and is a very dirty job. You never seem to have got rid of the black; you may spend an hour in washing, but there is sure to be some of it left somewhere, and it is always cropping up in unexpected places: you find it in your bed, and on your toothbrush, and even your meals taste of it. Certainly our show went twice as well directly we took to going out with clean (or comparatively clean) faces, and, as it was pointed out to us, it was impossible to tell we were gentlemen when we were blacked. But it was not out of doors that we made most of our money, but inside the big hotels, where the managers were most courteous in allowing us to give shows, and in rendering us every assistance to make them a success. Of course, it was a bad time of year for the hotels, so that our audiences were generally small; but we were always well received, and in every case asked to come down again later in the year.



At one of the biggest of our shows a clergyman went out of his way to propose a vote of thanks to us. (I mention this for the benefit of those supercilious ones who thought our enterprise *infra dig.*) One night we gave a sort of free-and-easy, and invited members of the audience to sing. We struck quite a mine of talent, including a first-rate local pianist, a celebrated low comedian, and, above all, a gentleman who sang of

"'eavenly joys, my boys
Found in the Golden Ring."

He was received with wild enthusiasm. He had many friends present, mostly unmarried.

Amongst the hotels we performed at were—The Grand, the Metropôle, the Queen's, the Gloucester, Haxell's and Blenheim House, the whole tour lasting a week.

I have endeavoured to give a true, if not complete, account of the affair; but I have thought it advisable to "alter the names and dates." Taken all round, and looked upon in the light of a first experiment, it was an artistic and financial success, notwithstanding which, the Hospital is still in want of funds.

ARTHUR A. MILLER.

Physical Society.

THE first meeting of the Physical Society will be held on Saturday, October 3rd, at 8 p.m., and we are pleased to say that Mr. Thomas Bryant, our senior Consulting Surgeon, has kindly consented to take the chair. Mr. Bryant has been so identified with the early history of the Pupils' Physical Society, that we may expect to hear many interesting reminiscences from him. All freshmen will be specially welcomed to this meeting.

Appointments.

THE following appointments have been made by the Treasurer :—

HOUSE APPOINTMENTS.

House-Physicians.—Messrs. W. Tyson (Dr. Pye-Smith); C. J. Harnett (Dr. Hale White).

Assistant House-Physicians.—Messrs. T. L. Jackson and L. C. Panting.

House-Surgeons.—Messrs. H. A. Moffat (Mr. Howse); H. T. S. Bell (Mr. Davies Colley).

Assistant House-Surgeons.—Messrs. C. H. Fagge and W. E. Plummer.

Resident Obstetrics.—Messrs. P. N. Vellacott (October), C. T. Anderson (November), and J. Howell (December).

Clinical Assistant in Throat Department.—Mr. H. E. Durham.

The following appointments have been recommended by the Medical Council, and approved by the Treasurer :—

Clinical Assistants. — Messrs. R. Howard, H. P. Ferraby, C. C. Stead, A. W. Ormond, E. Fisk and W. E. Hills.

Dressers in the Eye Wards.—Messrs. H. Leader and A. Earnshaw (Mr. Higgens); A. H. Finch and M. H. Way (Mr. Brailey).

Surgeons' Dressers.—Messrs. F. S. Batchelor, A. J. Cleveland, S. E. Denyer, W. Mussellwhite, H. J. Starling, M. H. Thornely, H. Cardin, R. T. Fitz-Hugh, R. J. Rowland, W. H. M. Smith, W. E. Waymark, W. N. East, H. D. Peile, H. Bernard-Onraët, W. J. S. Harvey, A. Kinsey-Morgan, R. S. Rowland, C. L. G. Chapman, P. Turner, H. W. Bruce, F. J. H. Martin, C. D. Outred, G. E. Richmond and W. K. Wills.

Assistant Surgeons' Dressers.—Messrs. C. W. Gibson, C. E. Hibbard, K. B. Alexander, A. C. Ambrose, H. J. M. D. S. Barker, T. H. Body, E. C. Davies, B. Isaac, R. O. Jones, H. P. W. Barrow, L. D. B. Cogan, J. T. De Coteau, E. A. Evans, W. T. Milton, J. E. H. Parsons, R. J. Pritchard, C. Shepherd, H. S. Turner, F. E. Hutchinson, J. Harris, L. H. Lewis, C. C. Poole, A. J. Hull and T. M. Walker.

Medical Ward Clerks. — Messrs. R. Balderston, E. Fryer, P. W. Moore, A. B. Passmore, V. J. Crawford, L. E. C. Handson, A. D. Lewis, G. C. Owsley, A. H. Carter, T. P. Berry, H. S. Crapper, H. E. C. Fox, L. H. McGavin, F. E. Walker, W. L. Baker, J. L. Payne, A. R. Thomas, E. Ashby, J. E. Dupigny, S. H. Mason, J. E. Powell, H. N. Clarke, H. W. Fox, J. Howells, E. A. Longhurst, R. Michell, A. A. Miller, H. R. Miller, E. H. Musgrove, F. L. Rae, H. C. Sturdy, T. W. S. Browne, E. B. Dowsett, A. Reid, W. S. Richardson and E. W. S. Rowland.

Dressers in the Throat Department.—Messrs. P. C. Higgins, T. M. Nicholson, A. Salter, T. M. Thomas, R. H. Ashwin, C. W. Booker, A. H. Spicer and A. E. Porter.

Dental Surgeons' Dressers.—Messrs. N. H. Pike and S. Whicher.

Aural Surgeons' Dressers.—Messrs. T. J. A. Tulk-Hart, C. R. Nicholson and C. Jephcott.

Post-Mortem Clerks.—W. T. Clarke, H. Simson, A. H. B. Kirkman, A. H. M. Saward, J. N. Gardiner and W. C. Milward.

Obstetric Out-Patients' Clerks.—Messrs. P. J. Curtis, J. Moore, R. E. Delbruck, C. C. Worts, W. J. Lindsay and F. G. Thomas.

Assistant Physicians' Clerks.—Messrs. F. A. Godson, J. A. Glover, G. H. Bedford, G. N. Mottram, W. H. M. Telling, L. Humphry and E. R. Row.

Assistant Surgeons' Clerks.—Messrs. F. R. H. Heath, H. L. Eason and A. Ayre-Smith,

Surgical Ward Clerks.—Messrs. G. M. Brown, E. I. Davis, C. A. Lower, E. J. Tongue, R. M. Barron, J. T. Dunston, J. N. Dyson, O. Marriott, E. E. Parrett, E. W. H. Shenton, C. H. Brangwin, J. D. Bridger, W. R. Cazenove, H. R. H. Denny, A. Densham, J. Matthews, A. G. Osborn, R. H. J. Swan, F. D. Turner, H. A Gaitskell, P. C. P. Ingram, J. G. Taylor and L. Wilkin.

Clerks to the Anæsthetists.—Messrs. H. Leader, J. Moore, W. T. Clarke, E. Ivens Spriggs, H. J. Starling and J. B. A. Treusch.

Assistant Demonstrators of Anatomy.—Messrs. C. T. Hilton and G. S. Simpson.

DENTAL APPOINTMENTS.

The following gentlemen have been recommended for appointment by the Dental Council and approved by the Treasurer :—

Assistant Dental House-Surgeons. — Messrs. E. C. Brown and H. R. Pratt.

Student Demonstrators in the Conservation Room.—Messrs. A. D. Hopkins, S. J. Redpath and B. J. Sumerling.

Dressers in the Gas Room.—Messrs. G. O. Betts, G. D. Slater, J. K. Clark, A. L. Rowley and S. J. Evans.

Dressers in the Ordinary Extraction Room.—Messrs. A. M. Kempe, R. P. Millett, G. A. Pedley, B. J. Sumerling and T. H. Wilkinson.

CIVIL.

CALDECOTT, CHARLES, M.B., B.S. Lond., M.R.C.S., L.S.A., has been appointed Resident Medical Superintendent of the Earlswood Asylum for Idiots and Imbeciles, Redhill, Surrey, *vice* H. Corner, M.D. Lond.

CHAPMAN, A. V., L.R.C.P. Lond., M.R.C.S., has been appointed House-Surgeon to the Teignmouth Hospital.

CLARKE, ASTLEY V., M.B., B.C., B.A. Cantab., M.R.C.S., L.R.C.P., has been appointed Honorary Assistant Physician to the Leicester Infirmary, *vice* G. W. Roll resigned.

NAVAL AND MILITARY.

REED, C. G., Surgeon, has been appointed to the "Victory," CRONEEN, S., Surgeon, to the "Wildfire," BEADNELL, C. M., Surgeon, to the "Pembroke," all additional for disposal. ARCHDALL, H. S., Surgeon, has been placed on the retired list.

BRERETON, F. S., Surgeon-Lieutenant, has been transferred from Portsmouth to Aldershot, and HEWETSON, S., Surgeon-Lieutenant, is posted to Aldershot.

The New House-Appointments.

NAMES were in for these on September 5th, and the meeting was held on Thursday the 17th, the list being published on Wednesday last. It is a pity that there should be so long a gap before the list is announced. It causes much difficulty and confusion amongst the candidates, and may lose them the few days holiday of which they probably stand in great need in preparing for the interesting but most arduous and exacting work of their new appointment.

The present list contains the names of Messrs. Tyson, Harnett, Bell and Moffatt, who are promoted in the natural order of events from assistant to resident house-appointments. Notices of them appeared three months ago in the GAZETTE of July 4th. The senior residents are Messrs. Edwards, Jewell, Handley and Henderson, of whom notices appeared on March 28th. With the new quarter we take leave with regret of Messrs. Beddard (President of the residents), Salter, T. M. Thomas and Steinhaeuser.

The newly-appointed residents are a good all-round lot of men, none of whom, however, have achieved such conspicuous success in their professional work as those whose time of office now comes to a close. In general ability, however, one of the new assistant house-surgeons, whose name is known as well on the concert platform and in three branches of athletic sport as in professional circles, will hold his own against all comers, while we on this GAZETTE are particularly bound to welcome the name of our predecessor in the abstract editorial chair, who has wielded the willow as well as the pen in defence of his hospital, and has distinguished himself conspicuously in the dismal corridors of Burlington House. Of these seven celebrities we present our readers with portraits, to be valued alike by their equals for the sake of "Auld lang syne," and by their juniors as an incentive to continued effort in their life at Guy's.

ASSISTANT HOUSE-PHYSICIANS.

Should you chance, gentle reader, to pass along the colonnade one evening about Christmas-time, when lights are low, but the prayer-board has not yet made its appearance, and should you hear memories of Grieg and Maud Valerie White delivered with gusto in a full, deep, sonorous tone, you may conclude with tolerable certainty that one of our future house-physicians is accompanying his own singing in one of the wards. This is Mr. THOMAS LEONARD JACKSON, who first became known to fame at the Leys School, where he shone in many ways before entering St. John's College at Cambridge as a science scholar. He obtained a first-class in the natural science tripos in 1892, and a sizarship at his own college—successes which had been tempered by feats with the oar in the Lent races and constant deeds of valour in the football and cricket fields on behalf of John's. These were crowned by the Cambridge Rugby Blue as a half-back in the following season, and Mr. Jackson proceeded to settle down in Guy's after passing his 2nd M.B. examination in December of that year. He clerked six months for Dr. Pye-Smith, and dressed for Messrs. Jacobson and Davies-Colley in turn, and has also held the appointments of assistant surgeon's clerk, post-mortem clerk, aural surgeon's dresser, obstetric out-patients' clerk, and, at the present time, clinical assistant. Part I. of the Cambridge 3rd M.B. was "ticked off" last December, and the Colleges in January. Meanwhile, Mr. Jackson has played in the hospital Rugby team, and has represented London and the Old Leysians, of which he was last year vice-captain; but the fates were unpropitious, and a fractured clavicle necessitated a rest from active service both of Mr. J. and of his razor, which latter did not matter so soon as its owner was able to figure in the "Dis-Guysed" Minstrels. We are told, but cannot vouch for the fact, that Mr. Jackson has a voracious and indiscriminating appetite for breakfast. In all he is a fit subject for hero-worship.

Mr. LAWRENCE CHRISTOPHER PANTING was a sportsman of somewhat different order—a yachtsman bold, if such a term is applicable to the sailer of a gallant little centre-board on the upper reaches of the Thames. For this purpose Balliol College at Oxford served as head-quarters, and a chemical scholarship at that college and second-class honours in the final school of chemistry in 1891 were agreeable adjuncts to the enjoyment of life. Mr. Panting then conceived the intention of entering the medical profession. He passed the 1st M.B. in 1893 and the final last December, having entered Guy's two years previously, and has done the necessary appointments to Drs. Pye-Smith and Taylor, Messrs. Jacobson and Davies-Colley, besides being obstetric out-patients' clerk, anæsthetists' clerk, clinical assistant, and dresser in the Eye wards. In his leisure moments Mr. Panting may be found in the pathological or bacteriological laboratory, for which he has considerable partiality. His photograph has been secured under difficulties, the genus Camera having known no such person for ten full years. Telegrams were despatched, moral pressure brought to bear, and at length the "vultus instantis tyranni" produced the accompanying likeness gratis from Mr. Stanley's shop in the space of three hours.

ASSISTANT HOUSE-SURGEONS.

Lutterworth had the first, but Oundle School the later, claim to have produced Mr. CHARLES HERBERT FAGGE, as he was presented to Guy's in May, 1890. He had been expected for no little time, and the way was paved for his entrance by his illustrious uncle, the late Dr. Hilton Fagge, and by "the old 'un," who, under the soubriquet of Mr. R. H. Fagge, served as Mr. Colley's house-surgeon in 1894–5, and is now house-physician at the Leicester Infirmary—of which more elsewhere. Mr. C. H. Fagge obtained certificates in the Durham prize examination in two years, passed his second College examination in April, 1892, and, after clerking on the

surgical side, made the heroic resolution to grapple with the London degree. He matriculated in January, 1893, demonstrated in the following winter, and in 1894 passed the "primary fellowship," and in 1895 at the "Intermediate" took an exhibition and gold medal in anatomy and honours in materia medica. Mr. Fagge clerked to Drs. Goodhart and Hale White and dressed for Messrs. Jacobson and Lucas (six months). He has dressed throats and eyes and has clerked to the anæsthetists. Finally, in July of this year he passed the College examinations. As to other matters, Mr. Fagge played in the cricket teams of 1890 and 1891, has figured in the second Rugby team from time to time, and last year appeared in the famous third team until such time as he hurt his knee, for which he was treated with wonderful success in Accident ward. His connection with this GAZETTE has been long and honourable. He has served on the committee for four and a half years, and rendered most valuable assistance to Messrs. Hopkins and Spon during their respective editorships. Mr. Fagge was himself editor from August of last year to April of this, and undertook the production of the special Festival number. His work was always distinguished by punctuality, fluency of writing, and discrimination, his criticism of the GAZETTE pictures was invaluable, and his policy may be described as one of enlightened conservatism.

Mr. WILLIAM EDWARD PLUMMER has had a shorter career, having entered Guy's only at the end of 1891. He passed the second Conjoint examination in April, 1893, having already in that year obtained the Michael Harris prize, and he proceeded to demonstrate in anatomy in the following winter, passing the "primary fellowship" in May two years ago. He clerked to Drs. Pye Smith and Taylor, and dressed for Messrs. Jacobson and Lucas; and has also acted as assistant surgeon's clerk, clinical assistant, dresser in the eye wards and anæsthetic clerk. For the rest, Mr. Plummer preserves a mild exterior, even under the most trying circumstances, and he is said to be even better in theoretical than in practical surgery.

OBSTETRIC RESIDENTS.

Of the new obstetric residents, one represents our colonial empire, and symbolises in his career the energy which is characteristic of our South African cousins. Mr. CHARLES THOMPSON ANDERSON was born out at the Cape, but came home to school at Blackheath, giving most vivid accounts, we are told, of his stirring adventures among the Kannuks, concerning which, however, further information must be sought from the subject of this notice himself. He matriculated, with honours, at Burlington House in 1883, and returned for ten years to his native parts, passing the Cape pharmaceutical examination in 1887. During this period, Mr. Anderson displayed his versatility by playing cricket in a twenty-two of the Cape v. Major Wharton's team, and figuring in the Cape Rugby Football Team, and as half-back for "The Hamiltons" when they won the cup in Cape Town. Entering at Guy's in October, 1892, Mr. Anderson passed the second Conjoint examination in April, 1894, and his final in July last, gaining certificates in the third and fourth years' prize examinations. He clerked for Drs. Taylor and Goodhart, and dressed for Messrs. Jacobson and Golding-Bird, working also officially at post-mortems, the electrical and obstetric out-patient departments, and anæsthetics. He is now a clinical assistant, and his motto is *Aqua Card. Co.* During his hospital career, he has found time to keep up his athletics, playing under Rugby rules for the second and third teams, until he put his knee out, and captaining the second cricket team.

Mr. JOHN HOWELL is a Welshman, and hails from the Pontypridd district. He entered Guy's as a student for the preliminary scientific examination in July, 1891, and passed the second Conjoint examination in April, 1893, and the final last January, while in the Intermediate examination in July, 1894, he obtained honours in materia medica and pharmaceutical chemistry; and he passed the "primary fellowship" in November, 1894. He clerked to Drs. Pye-Smith and Pitt, and dressed for Messrs. Jacobson and Davies-Colley; he has also served as post-mortem, obstetric out-patient and anæsthetic clerk, and as clinical assistant, and has, in the interval lately, tasted the sweets of private practice. Mr. Howell is a keen worker, and has a clear head, and a most energetic spirit. We remember how, when he was dressing, he would ride off on his bicycle in take-in week, so soon as his work was over, and get in some hours of reading before returning for "dressers' supper."

Mr. PHILIP NORTHCOTT VELLACOTT is rather inclined to hide his light under a bushel, a method of procedure that will hardly suffice for the dark work of the "junior charity" and the government of the six Bohemians under him. He hails from University College School, and entered Guy's in 1889, passing the second Conjoint examination in April, and the Intermediate in July of 1892; the final M.B. London at the end of last year, obtaining honours in forensic and obstetric medicine; the final of the Colleges last April, and the "primary fellowship examination" in May. He clerked to Drs. Pye-Smith and Shaw, and dressed for Messrs. Lane and Howse; he has also worked in the eye wards, the post-mortem room, and the electrical and obstetric out-patients' departments, and has served as anæsthetic clerk and clinical assistant.

Guy's Hospital Missionary Society.

The next meeting of the society will be held in the court-room, on Tuesday, October 6th, at 8 p.m. Speaker—Herbert Lankester, Esq., M.D., medical secretary, C.M.S.

A presentation will be made to Miss E. Bryant, who is leaving for Japan on October 9th, for work among the Ainu, under the auspices of the Church Missionary Society. Chairman—Ed. H. Lushington, Esq.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Football.

SIR,—I am told that on Saturday next the Students' number of the GAZETTE is to be published, and so I venture to think a few remarks on the subject of football may be acceptable.

In commencing this subject, I wish to encourage all freshmen who are at all interested in athletics to play football, and to ask those who have previously played either Rugby or Association to kindly let me have a note, which may be left with the College porter, stating what clubs they have played for and in what position in the field. I should like, also, to recommend these gentlemen to pay a visit, at their earliest opportunity, to the hospital ground, at Honor Oak Park, which is within twelve minutes' journey from London Bridge, where they will find ample accommodatien and every means available for training, and I hope, therefore, that we shall see many freshmen during the next few months availing themselves of the many blessings attached to this ground.

The next thing I have to speak about is prospects. Several men have lately been asking me—"What prospects have you got?" "Any new blood?" "Any chance of the pot?" These are, no doubt, very natural annual remarks, and tend to show how much interest is taken by the students in general in the doing of our football teams. It is, however, rather early at present to answer these questions satisfactorily. One hears, as usual, rumours of all kinds of first-class players who are coming up this October. Unfortunately, however, this is about as far as they generally get; and instead of the already well-formed model, we find men whom we have to bring up and train to become efficient players. Possibly, we shall be more fortunate this year. In any case, however, I shall be very pleased to get the names of any freshmen who play at all.

Then, with regard to old choices, we have several both in the scrum and behind, and I trust that during the past recess they have all increased in stature, for we could often have done with more weight last year. we cannot get this, however, we must strive to do without it, and make the best use we can of our resources. Rugby football is a game for mind just as much as matter, and though every increase in a man's available energy of body is an important factor, yet it is nowhere when not properly controlled by his energy of mind. Of late years, by the introduction of the four three-quarter system into England, there has been an almost, I might say total, suppression of individual play for the sake of a mechanical system which although carried out very beautifully by a process of passing from hand to hand, yet, nevertheless, too frequently winds up without the gain of a single yard. What we want to do now is to understand and know how to use this system, but, at the same time, do not let us give up our individuality; let every man learn to have confidence in himself, and not be afraid to do something because it is not done as a general rule. We are not wound up to play football like clockwork; what we want to do is to be able to adapt ourselves to circumstances and make the best use of our opportunities by using our heads, and then I think that, although we have not so many foot-pounds of force as our opponents, yet we shall be able to defeat them by our superior tactics.

Readers will find elsewhere a fixture list printed, and I should like before finishing to point out to freshmen that there will be a trial match on Saturday, October 3rd, and we shall be only too pleased to hear of any who care to play.

K. B. ALEXANDER.

Guy's Hospital Auxiliaries' Mess.

THE annual mess dinner will be held probably early in November, and a meeting will be held on Monday, October 5th at 12 noon in the surgical class-room, to discuss arrangements. Every member is asked to do his best to be present on that date, and every man, enrolled during the past year, or new student already in some branch of Her Majesty's forces, kindly to send in his name and corps to H. Fulham-Turner, Staff-Sergeant, V.M.S.C.

Births.

BLIGH.—On September 4th, at Minley, Caterham Valley, the wife of William Bligh, M.D., B.S. Lond., &c. of a daughter.

CALDECOTT.—On September 7th, at Priestwood House, Bracknell, Berks, the wife of Charles Caldecott, M.B., B.S. Lond., M.R.C.S., L.S.A., of a daughter.

ROBERTS.—On September 7th, at Halstead, Essex, the wife of C. Gordon Roberts, M.A., M.B., Cantab., of a son.

Marriages.

HOVENDEN—PHILLIPS.—On September 12th, at Holy Trinity Church, Selhurst, S.E., Gerald Stanley Hovenden, M.B., B.S. Lond., son of the late Thos. H. Hovenden, Esq., of South Norwood, to Frances Edith Sara, elder daughter of the late William Phillips, Esq., of Finsbury and Shepton Mallet.

MAILLARD—BERESFORD.—On September 9th, at Woolaston, W. J. Maillard, M.D. Lond., Surgeon R.N., to Marian Edith, daughter of the late William Beresford, formerly of Waterford Hall, Leicestershire.

[ED.—F. E. F.

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Calendar of Coming Events.

Oct. 10.—Mr. Lucas' take-in; D., B. B. Gough and F. S. Batchelor; Cl., H. P. Ferraby.
1.15 p.m., Clinical Lecture by Dr. F. Taylor.
2.45 p.m., G. H. R. F. C.—I. Blackheath, away; II. Beckenham, home; III., away.
G. H. A. F. C.—I. Surbiton Hill, home; II. Surbiton, away.
2.32 p.m. (Liverpool Street).—U. H. H. & H.—Opening Run, Chingford.
7.30 p.m., Debating Society, "That appointments should be given by a rigid system of merit."

Oct. 14.—Mr. Golding-Bird's take-in; D., A. T. Falwasser and A. H. M. Saward; Cl., A. W. Ormond.
1.30 p.m., Clinical Lecture by Mr. Davies-Colley.

„ 15.—4.30 p.m., Guy's Hospital Christian Union, Annual Sermon by Rev. A. Boyd-Carpenter, of St. George's, Bloomsbury.

„ 17.—1.15 p.m., Clinical Lecture by Dr. F. Taylor.
2.32 p.m. (Liverpool Street).—U. H. H. & H.—Ordinary Run, Chingford.
Physical Society, Clinical Evening.
G. H. R. F. C.—I. Lennox, home; II. Lennox, away; III. W. London "A," away.
G. H. A. F. C.—I. Weybridge, away; II., Carlton, away.

„ 21.—Mr. Howse's take-in; D., R. W. Mayston and H. W. Allan; Cl., E. Fisk.
1.30 p.m., Clinical Lecture by Mr. Davies-Colley.
G. H. R. F. C.—I. Cambridge, away; III., St. Mary's, away.

„ 22.—4 p.m., Students' Club Meeting in Anatomical Theatre.
4.30 p.m., Guy's Hospital Christian Union, an Address.

„ 23.—7.30 p.m., London University Branch of Universities' Mission to Central Africa, Meeting in Court Room.

„ 24.—2.32 p.m. (Liverpool Street).—U. H. H. & H.—Ordinary Run, Chingford.

Guy's Hospital Gazette.

OCTOBER 10, 1896.

Bacteriology & the Medical Curriculum.

Under the above heading, a controversy is now being carried on in the *Lancet*, which is of very great importance, not only to the immediate, but also to the ultimate prospects of every medical student in the present day. In an article at the beginning of last month, the *Lancet* pointed out the inadequate position at present held by the study of bacteriology in the normal medical curriculum, and maintained that its status should be raised by enforcing on every student, both by word of mouth and by practical work in the laboratory, a certain amount of systematic instruction in the subject. This has been followed by letters from Dr. Washbourn, Dr. Murray of Newcastle, Dr. Heron and Mr. Lane, all of whom reiterate the demand for a compulsory course of bacteriology, although slightly at variance upon the smaller questions as to the form which it should take.

Upon the main question, every thoughtful man, at least, who is born and bred in the modern principles of the ætiology of disease, is bound to concur. During the last half-century, it has become definitely established that the greater number of surgical and medical disorders which it is the duty of the medical man to treat, are in some way dependent on the action of micro-organisms; and it is evident, that for the thorough understanding of these processes, a good grounding should be given in the study of their life-history and mode of action. The time is long past when the study required for the medical profession was confined to the clinical, symptomatic and empirically therapeutic phenomena of disease. The spirit of investigation has made it clear that for a full comprehension of these phenomena, resort must be had to the ulterior and minuter causes of disease, which recent progress in the construction of microscopes has shown to be at their root. It is in this direction that the future of medicine would seem to lie, and all future progress must make

its way along these lines, which have, as yet, been so little explored. If the general practitioner, therefore, is to keep abreast of the times, to be eager in establishing new facts, and bold in applying new remedies, it will probably be admitted that he must be given, during his career at the hospital, an adequate insight into the study of bacteriology.

As to the exact course of study, there is less unanimity. Dr. Washbourn dismisses the idea of examination in a few words. The student, he considers, and we agree with him most cordially, has enough examinations already to go through, and the prospect of an examination, although tending in some to increase their all-round knowledge, will in the most lead to a wrong ideal, and a puny conception of the subject. It is proposed, therefore, in the letters already cited, to insist upon a course of bacteriological study, which should extend for over six or eight weeks, with attendance every other day for that period of time; and to require every man to be signed up accordingly for this examination. New arrangements would, of course, have to be made, providing the necessary accommodation for the classes; but these are mere matters of detail for settlement by those who will be acknowledged as demonstrators or superintendents of the classes.

The complaint that the extra year provided in the medical course, under the five years' regulations, is already taken up with other matters, is hardly to the point. If we maintain that bacteriology is the groundwork of our medical knowledge, and should form the background on which the phenomena of the wards are shown up all the more clearly, other things should be cut out or shortened, rather than that the study of so important a subject should fall to the ground.

But for this there is no need. Men as a rule reach the wards early in their third year, finish their compulsory appointments before the end of their fourth, and have a fifth year in which to read for their examinations, and to take such small appointments as are best calculated to whet the appetite for reading. The proposed course of bacteriology would fit in comfortably with the instruction at fever hospitals on alternate days, and these two courses would probably be taken at the end of the fourth year. The matter would be still further simplified if the council of the medical school would make the appointments in the eye-wards of shorter duration, so that it would be still easier to complete all the desired minor appointments, in addition to the proposed course of bacteriology, within the desired time. By these means time will be given for the course to be held; and it will rest with the authorities of the medical school to suggest that men should take the course previously, or subsequently, to their dressership, since some will hold with Mr. Lane that the bacteriological course is of great immediate value to the surgeons' dressers. We may perhaps be permitted, however, to wonder where Mr. Lane has had his experience of "the enormous advantage of having to teach dressers who have already been instructed practically, as well as theoretically, in the principles of bacteriology."

As to the question of lectures, which Dr. Washbourn advocates, we should, with him, consider that as a subsidiary question to be decided upon by the different medical schools. But it would be only natural that our own authorities should consider in this matter as in others that a lecture is the most convenient way known of forcing a few elementary truths down the throats of the unwilling, and that if Lazybones has to be taught, he had best be made to attend a course of lectures and go through certain routine experiments in practical work by his own unaided efforts. For others we believe that if proper use be made of them, well-delivered and carefully-prepared lectures are of considerable use in gaining a first insight into a subject and learning its fundamental principles. The weak points of the lecture system are its dependence on the preparation and delivery of the lecture and the attention of the audience, and it is seldom that one of these, more frequently the latter, is not missing. We may perhaps be allowed to recommend two things—a light luncheon and a note-book—while a third remedy is also often presented in the shape of Misturæ Sodæ Salicylate ℥j.

Probably the greatest opposition to the present proposal will come from those who, admitting the value of a sound knowledge of bacteriology to intelligent persons, will deny that to the unintelligent it can be of any use or its instruction satisfactorily carried out. Such persons would probably advocate a continuance of the voluntary system now in vogue. But experience has shown that comparatively few take advantage of opportunities that are not in the direct path of examination; and the only chance of making a considerable improvement in the near future in the general attainments of a medical man are by forcing him willy-nilly to take up and swallow the by no means nauseous draught of a compulsory course of elementary bacteriology.

The Complications of Typhoid Fever.

CLINICAL LECTURE BY Dr. G. NEWTON PITT.

Gentlemen,—We have had several cases of typhoid fever in the wards during the last two or three months, presenting certain features to which I wish to draw your attention. It will not be without interest, if I take this opportunity of passing briefly in review the various complications of typhoid fever, especially those which have been met with in the wards of the hospital during the past five years. The clinical assistants have, for this purpose, examined the reports for me, and tabulated the various complications, relapses and sequelæ, and I would take this opportunity of thanking them for their work.

Case I.

A woman, aged 24, has just left the ward, where she has been for six months—quite an exceptional duration, as you know, for an attack of typhoid. When admitted, in December of last year, she was in an enfeebled state of health, due to insufficient food and repeated pregnancies. Her periods of pyrexia were—

December 12 to January 2. Twenty-one days.

An interval of four days.

January 6 to 29. Twenty-three days.

February 19. Patient is up, and on full diet.

February 22. After an interval of twenty-four days, a relapse, with headache, pyrexia and spots on abdomen until March 13; a period of twenty days. After an interval of twenty days with normal temperature, it rose again on April 4, and continued raised till April 14; a period of ten days. After this, the patient gradually put on flesh, and recovered her strength. She had three relapses, and her temperature was raised above normal on seventy-four days, within the first four months of her illness.

At the end of January, hæmorrhages appeared over the buttocks, and in her later relapses, bedsores formed over the heels and buttocks, in spite of every care in nursing.

Case II. is that of a woman, aged 27, who was admitted on May 7th; the temperature did not run very high, but she became extremely ill, with a very marked condition of stupor and lethargy, lasting for some days. She was delirious for many days, and at one time we feared she would succumb. Her life was saved, or at any rate her symptoms were greatly relieved, by the administration of musk, a drug which is unequalled in these conditions of stupor and cardiac failure. The drug is an expensive one, each dose of ten grains costing four shillings, and it is useless, unless it is obtainable from a reliable source, as it is very apt to be adulterated. I have always found that obtained from Messrs. Allen & Hanbury to be efficient. After three doses she gradually improved, but was extremely emaciated. During convalescence several subcutaneous abscesses formed, and those over the sacrum and trochanter developed into bedsores, which healed as soon as the amount of nourishment was increased. These abscesses and bedsores, which occur during convalescence, are due to secondary infections with cocci, and are not an indication of defective nursing. They have been observed in France to occur with especial frequency in those patients who have had numerous baths during the fever.

Let us now pass in review the 238 cases of typhoid fever which were admitted into Guy's Hospital during the five years, 1890–1894. The hospital records probably give a fairly accurate idea of the relative frequency of unusual symptoms; but the frequency with which such ordinary conditions as epistaxis, headache, bronchitis, and enlargement of the spleen occur, cannot be determined from our reports without very great labour and are necessarily very much understated.

125 cases occurred in men and 113 in women. The age distribution is as follows—

	Cases.	Deaths.	Per Cent.
Under 10 years	45	0	0
11–20 „	81	13	16
21–30 „	85	17	20
41–50 „	18	8	45
51–60 „	7	1	14
Over 60 „	2	1	50
	238	40	17

The majority of the cases occurred in patients between the ages of ten and thirty.

There used to be some difference of opinion as to whether typhoid fever occurred in very young children, but the statistics of a considerable number of cases from children's hospitals have been published of recent years. The disease is very rare under the age of two, but a post-mortem has been made upon a fatal case in a baby only four and a half months old. The youngest cases in our series were one aged two, another three, and four aged four years. As the age increases, the mortality rises. Statistics differ as to whether the mortality below the age of five is greater or less than that of children above that age, but there is no question that the mortality between the ages of five and fifteen is less than that between the

ages of fifteen and thirty. Out of the 45 cases under the age of ten none died, while after this age the mortality steadily increased with age from 16 up to 50 per cent. The percentage mortality has not varied much from year to year.

As to the duration of the pyrexia after admission. In the majority it lasted from twenty to thirty days—a longer period than is usually stated as the average.

Under 10	days	46 cases.
11–20	"	57
21–30	"	78
31–40	"	23
41–50	"	11
51–60	"	2
65	"	1

Fifty-three cases had relapses, *i.e.*, 22 per cent.—more than double the proportion given by authorities. In Murchison's statistics of 2,600 cases, there were only 3 per cent. of relapses. The impression one has also, is that relapses are more frequent than they were ten or more years ago.

The relapses lasted less than 10 days in 10 cases

"	"	"	1–20	" 28
"	"	"	2–30	" 9
"	"	"	44	" 1

In five cases there were two relapses. It is of interest to note that there were fewer relapses in 1891 and 1893 than in the other years.

The next question is the causation of death; 40 patients died, *i.e.*, 17 per cent.

The most common cause was perforation, from which eighteen died; seven died from cardiac failure and exhaustion; four from intestinal hæmorrhage. The following each caused one death: Peritonitis without perforation, bedsore, prolonged diarrhœa, prolonged pyrexia, suppurating mesenteric glands, coma, empyema, angina Ludovici due to laryngeal ulceration, distended sloughing gall-bladder setting up a peritonitis, and fright.

COMPLICATIONS NOTED.

Digestive.

Besides perforation in eighteen cases and peritonitis in twenty, the abdomen was extremely distended in seven. It is difficult to determine in what proportion of cases the spleen is enlarged; in one group its decided enlargement is noted in one-fourth of the cases, but a moderate amount of enlargement is usually present.

Sore-throat, or tonsillitis, may be the first symptom of which patients complain, and not infrequently leads to error in diagnosis, the condition being sometimes mistaken for diphtheria. Patients may also complain of sore-throat later on in the fever.

Ulceration occurred on the epiglottis and larynx in several cases, but only once respectively on the cheek, fauces and œsophagus. Cancrum oris developed once, and jaundice three times; the mesenteric glands once enlarged and once suppurated.

Vascular.

Bruits, apical systolic	10
Pulmonary systolic ...	3
Apical and basic ...	1
Thrombosis of veins of legs ...	4
Old mitral stenosis	1
Fungating endocarditis ...	1
Pericardial rub	1

The number of cases with very great cardiac failure was considerable, but cannot be determined from the reports. This failure is often due to degenerative changes in the heart muscle, and is probably the most potent factor in delayed recovery.

Respiratory.

Bronchitis	47
Pleurisy	10
(only one case before eleventh day)	
Pleuritic effusion	4
Empyema	1
Pleurodynia	2
Consolidation of base of lung ...	3
Pneumonia	3
Broncho-pneumonia	1
Cyanosis	7
Dyspnœa	2
Ulceration of larynx	5

Bronchitis is an essential part of typhoid and is hardly a complication; forty-seven is really far below the number of cases in which it was present.

Pleurisy is so unusual at the onset, that the presence of rub in a doubtful case makes it extremely unlikely to be typhoid. In some of the cases the pleurisy was secondary to peritonitis, set up by perforation of the intestine. In only five cases was ulceration of the larynx noted at the post-mortem, but it undoubtedly often occurs in cases which recover, but in which it is not possible to determine its presence.

In no cases were laryngeal paralysis noted.

Local Inflammations.

We found—

Otorrhœa	9
Abscesses and boils	8
Pustules	5
Bedsores	6
Parotitis	4
Whitlow	2

Suppuration in nipple, pleura, nostril, antitragus and testicle,	each once
Cellulitis	once.
Periostitis...	12

Eight of these being tibia, the other bones being femur, radius, rib and jaw. In one case there was arthritis of hip, and in two cases the joints became very painful.

The essential cause of typhoid fever is Eberth's bacillus, which for some years has been recognised as occurring habitually in this disease, in the spleen, liver bile and intestines. Occasionally it has been found in the blood, in the eruptive spots on the skin, and in periosteal inflammations, but very rarely in local abscesses. Sanarelli has shown that although Eberth's bacillus starts the disease, in the later stages the bacillus coli multiplies greatly, and the symptoms are then largely due to its toxines. The difficulty, until recently, of distinguishing the two bacilli has led to great confusion, and even now it is uncertain as to which complications are due to each bacillus. They have both been found in local abscesses, but much more frequently the suppuration is due to staphylococci. Quincke found Eberth's bacillus in the bone-marrow of eight out of nine ribs examined, and the bacilli may be cultivated, months after the fever, from bones affected with periostitis.

The frequency with which subcutaneous abscesses form during convalescence, varies greatly in different epidemics, and with various treatment; they usually heal quickly. Chauffard, for example, at Hotel Laennec, noticed eleven out of his twenty-five cases, *i.e.*, forty-eight per cent., developed abscesses, and six were serious. All of these patients, with one exception, had been bathed over ninety times, while those that escaped, had much fewer baths. Parotitis may be due to infection along the duct, from the foul state of the mouth, or to metastasis from the abdominal lesions.

Cutaneous Lesions.

In ten out of eighty cases, no typhoid spots were observed throughout the illness; in a few cases, the eruption is very abundant, and affects limbs as well as trunk; occasionally other eruptions develope.

Erythema	4
Herpes	3
Urticaria	1
Papules	1
Alopœcia	1
Blue mottling	1

In four cases, aged 14, 28, 35 and —, profuse desquammation was noticed. Cornby noticed that a furfuraceous or lamellar desquammation, preceded by sudamina, involving trunk, shoulders and hips especially, occurred in seventy per cent. of his cases in children during defervescence, and he considers its presence of favourable import, the converse also holding true. Desquammation, however, has not been specially noted among the children in Guy's Hospital, although I think it occurs more frequently among them than with adults.

Nervous.

Deafness is specially noted as extreme in twenty-three, but some degree was not infrequent.

Optic neuritis	6
Rigors	5
Tender muscles	4
Coma	2

The following were each noted once:—blurred optic discs, old optic atrophy, mania, delusions, eclampsia, tremor, persistent insomnia, cervical pain, death from fright.

Rigors, according to Osler, occur at the onset of the attack, or of a relapse, or as the result of the administration of anti-pyretics, from a septic condition or complication, *e.g.*, venous thrombosis, or from malarial infection. Their occurrence as the result of giving anti-pyretics should especially be borne in mind.

Delirium, of course, frequently occurred, and conditions of stupor and semi-coma in many of the serious cases.

In meningitis the knee-jerks frequently disappear, while it is very exceptional for them to do so in typhoid. Their disappearance was noted in one case.

The condition of tender muscles is sometimes very noticeable during and after convalescence, and appears to be due to neuritis.

In none of these cases was the condition of tender toes noticed, which has been described by Osler. This may be so severe as to require a cradle to keep off the bedclothes, and the toe-nails cannot be cut, on account of the pain it causes.

Hæmorrhages.

Epistaxis 16, not including many in which it was one of the earliest symptoms; hæmatemesis, 6, chiefly in the third week; petechiæ on skin, 7; and in three there was oozing of blood from the mucous membrane of the mouth. The worst of these cases recovered completely.

Hæmorrhage from bowel ...	18
Hæmoptysis	3
Hæmaturia	3
Hæmorrhage from the ear ...	1
Retinal hæmorrhage	1

Of the eighteen cases of hæmorrhage from the bowel, only four died.

URINARY.

Albuminuria	54
Incontinence	6
Pyuria	4
Hæmaturia	3

Incontinence of urine appears to have occurred more frequently of late years, even in patients who were never extremely ill.

Pyuria occurs as a result of suppurative nephritis, which may prove fatal; it may also be produced by the excretion of organisms, independently of cystitis.

Bacilli coli are the organisms most frequently found in the urine, and typhoid bacilli or cocci much more rarely.

Konjajeff considers that there are always local lymphomata in the kidneys when typhoid bacilli pass into urine.

Dr. Wright, of Netley, suggests that the excretion of typhoid bacilli with urine may cause it to be a source of infection.

References to literature—

On typhoid fever in children (284 cases).—Morse, Boston Medical and Surgical Journal, 1896, vol. cxxxiv., pp. 205–218.

Complications of typhoid.—Murchis on Continued Fevers. Osler, Johns Hopkins Hospital Reports, vol. v. Brouardel, La Fievre Typhoïde.

Periostitis.—W. Keen, Touer lectures, 1877. Sir J. Paget, Clinical Lectures and Essays, p. 395. Parson's Association American Surgeons: Philadelphia, 1895, vol. xxii., p. 623.

Abscesses.—Chauffard, Bull. et Mem. Soc. Med. d'hop. de Paris, 1894, sec. 3, vol. xi., p. 806.

Perforation (three recoveries out of seventeen).—Abbe, Med. Rec. New York, 1895, vol. xlvii., p. 1.

Desquammation.—Cornby, Gaz. d'Hop., 1869, vol. lxix., p. 315.

Guy's Hospital Debating Society.

THE next meeting of the society will be held in the club smoking-room, on Saturday, October 10th, at 7.30 p.m., when Mr. G. E. Richmond will propose "That appointments should be given solely on a rigid system of merit." Mr. J. M. Fortescue-Brickdale will oppose. It is understood that during the evening the opinion of the house will be taken on the proposed arrangement of the firms of dressers by lot.

Mr. F. G. Hopkins will preside.

ROBERT HOWARD, } Hon. Secs.
S. J. ORMOND, }

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY 12. Chlorosis.
19, 20. Pericarditis.
21. Mitral stenosis.
29. Mitral stenosis and tricuspid regurgitation.
37. Mitral stenosis and regurgitation. Tricuspid regurgitation.
STEPHEN 21. ? Pernicious anæmia.
PHILIP 3. Tricuspid regurgitation. ? Mitral stenosis.
8. Mitral regurgitation.
19. Aortic regurgitation. Angina.
35. Athenoma of aorta. Angina.

Nervous System.

MARY 3, 6, 28. Right hemiplegia.
10. Peripheral neuritis.
11. Cerebral tumour.
23. Insular sclerosis.
24. Chorea.
42. Peripheral neuritis.
STEPHEN 3. Caries of spine. Compression. Paraplegia.
6. Cerebral syphilis.
11. Neurasthenia.
31. Lateral sclerosis.
35. Right hemipiegia.
PHILIP 10. Right hemiplegia.
14. Left hemiplegia.

Alimentary System and Abdomen.

MARY 4. Ascites. Pleuritic effusion.
8, 26, 32. Carcinoma of stomach.
17. Cirrhosis of liver. Jaundice. Enlarged liver and spleen.
43. Tuberculous peritonitis.
49. Gall-stones.
PHILIP 12. Obstruction of inferior vena cava.
24. Carcinoma of liver.

Typhoid Fever.

MARY 5, 34, 39.
STEPHEN 32.
PHILIP 2, 4.

Respiratory System.

MARY 1, 16, 48. Phthisis.
25. Pneumothorax.
STEPHEN 8. Empyema.
14. Phthisis. Bronchitis.
23. Phthisis.
24. Tuberculous pleurisy.
33. Bronchitis. Cyanosis.
PHILIP 18. Phthisis. Tuberculous larnygitis.
20. Pleuritic effusion.
22, 31, 33, 40. Phthisis.

Genito-Urinary System.

MARY 15. Chronic nephritis.
17. Ovarian tumour.

Stephen	2.	Chronic tubal nephritis.
	26.	Acute nephritis.
	28.	Acute nephritis. Pyrexia.
Philip	5.	? Lardaceous nephritis.
	7, 27.	Chronic tubal nephritis.

Miscellaneous.

Mary	17, 27.	Raynaud's disease.
	18, 33, 41.	Acute rheumatism.
	40.	Purpura.
Stephen	10.	Raynaud's disease.
	38.	Rheumatism. Hyperpyrexia.

Guy's Hospital Medical School.

The Examiners for the Open Entrance Scholarships in Science and Arts have made the following awards:—

In Science.—Myers Coplans, Simon Langton School, Canterbury, Scholarship £150; John Ford Northcott, St. John's College, Cambridge, Scholarship £60; W. Blandy, Nottingham High School; F. Shufflebotham, Trinity College, Cambridge; F. H. Tully, private study; H. C. Keates, Guy's Hospital, and O. May, King's College, London, Certificates.

In Arts.—W. Tuohy, Bedford Modern School, Scholarship, £100; A. H. E. Wall, Wellington College, New Zealand, Scholarship, £50; A. J. Gwatkin, Scholarship £30 (Dental School); J. B. Stephens, Christ's Hospital, A. H. Lewis, St. Olave's Grammar School, L. G. Nash, Felsted School, Certificate.

September, 1896.

From the Gazette's Special Pathologist.

NOTICES.

M., Kidderminster.—The tumour on section shows a very thick zone of fibroid material enclosing a mass of suppurating inflammatory tissue. There is no evidence of tuberculosis or new growth; nor can it be definitely stated that the centre of the tumour is a suppurating lymphatic gland.

W. E. R., Brenchley.—A few putrefactive bacteria were only found on the surface of the blood-serum.

H. L., Manchester.—The nodule is composed of dense fibrous tissue in which are embedded some compressed glandular acini. The specimen has more of the characters of mammary induration than a defined adenofibroma.

S. W., Middlesborough.—The urine is alkaline and is lightly stained with blood. The deposit on standing shows no fragments of growth. The supernatant fluid yields with the centrifuge a small deposit. This on microscopical examination consists of blood corpuscles and triple phosphate crystals. No cells suggestive of new growth have been found.

O., Bletchingley.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli associated with a few staphylococci.

C. D. M., Bournemouth.—Tubercle bacilli are present in fairly large numbers.

PATHOLOGIST.

Chapel News.

(Contributed by the Chaplain).

The harvest festival decorations on October 4th were extremely beautiful, a skilful blending of autumn tints and bright flowers, with just enough corn and fruit to remind one of the special purpose of the day. We congratulate the Matron on her success.

The offertories on October 4th, for the Re-endowment Fund, amounted to £5 12s. 7d. There were 281 coins, of which 193 were copper. Clearly many persons connected with the Hospital can help on the good work in this way, whose subscriptions would not make much show on a list.

We have received two further subscriptions for the new organ stop. Dr. Pye-Smith has sent us a guinea and Mr. Morley half-a-guinea. With these we close the list and with a small balance "to the good."

The London University Branch of the Universities' Mission to Central Africa, will hold its next meeting in the Court Room of the Hospital, on Friday, October 23rd. The chair will be taken at 7.30 by Dr. E. Symes Thompson, Gresham Professor of Medicine. The Bishop of Likoma—another medical man, formerly in practice at Oxford—will speak on Nyassaland, and others, who have worked for the Mission at home and abroad, will speak also. The meeting is intended chiefly for graduates or undergraduates of the University of London, and for their friends. But clearly any member of the nursing staff or of the Medical School of Guy's, is a "friend," and is therefore cordially invited.

The Provost of the Guild of St. Luke writes to invite Guy's men to the Guild service in St. Paul's Cathedral on the 21st. His invitation must, I think, be given in his own words:—"Pray send a good contingent of medical men from Guy's to the service—as many as possible in academic robes, as this will add to the dignity of the ceremony."

Pass List.

University of Durham, September, 1896.

At the Convocation held on Saturday, 26th September, 1896, the following Degrees were conferred:—

Bachelor of Medicine (M.B.).

Pendred, V. Rudd, W. E.

Second Examination for the Degree of Bachelor in Medicine.

Ayre-Smith, A. Harris, J.

First Examination for the Degree of Bachelor in Medicine.

Chemistry and Physics.

Thomas, A. M.

Elementary Anatomy, Chemistry and Physics.

Braund, H.

A Remarkable Case of Malingering.

Although cases of deliberate malingering from time to time manage to find their way into the hospital, yet it must certainly be a rare occurrence for such patients to form anything but a very insignificant proportion of the occupants of the wards. Dr. Hale White's division, however, has recently furnished quite a number of instances of this form of moral derangement, and the true history of one of the most ingenious and astute individuals of this class is set forth below.

The most difficult shammers to detect are undoubtedly those who present some one definite objective organic lesion, and who trade upon this and use it as a basis for assumed and fraudulent symptoms of a subjective nature. A well-marked example of this type of case was recently in Stephen 27. A man of 32, with pronounced locomotor ataxy and optic atrophy, who had spent many months in other hospitals, and over whose bed many demonstrations and discourses had doubtless been given, malingered practically every visceral crisis known to occur in this disease. Gastric, rectal, renal, laryngeal and urethral crises were all played off in turn, whilst his inco-ordination of gait was of the most startling description, until it was explained to him that an antagonism existed between optic atrophy and ataxy, and that the latter was seldom present in association with any marked degree of the former. Needless to say, he promptly regained his power of equilibration.

The following story indicates the extraordinary difficulties—difficulties unsurmountable in private practice—which surround the diagnosis of this class of case, and it also serves to illustrate the depths of deceit and ingenuity which these people exhibit for the attainment of no apparent or purposeful object.

Lilian G., æt. 34, a nurse, was admitted into Mary 9, on June 23rd. She brought with her twenty-four sheets of note-paper (*i.e.* forty-eight pages) covered with a detailed account of her illnesses, and including several temperature charts, for periods extending over a month. Epitomised, the tale related by this exhaustive literature was as follows:—In May, 1894, she had an attack of severe abdominal pain accompanied by vomiting and pyrexia. She was ill in bed for six weeks, and the condition was diagnosed by Prof. Grainger Stewart as peritonitis. After this illness she never seemed to get quite herself again, but remained fairly well on the whole, and able to continue her work as a nurse until August, 1894, when she suffered from several attacks of renal colic, with rigors, vomiting and hæmaturia. In October, 1894, she entered the Edinburgh infirmary as the attacks were becoming more frequent. Whilst an in-patient, she passed for a time only a very small quantity of urine, a swelling simultaneously appearing on the left side of the abdomen. After a consultation between Prof. Stewart, Prof. Annandale and Dr. Duncan, an operation was decided on, and on December 22nd, 1894, nephrolithotomy was performed and a small oxalate calculus removed from the left kidney. She was discharged well in February, 1895, and remained so till the following August, when she suffered from sickening and dragging pains on the right side. Moveable kidney was diagnosed, and an abdominal belt and pad ordered. Her condition remained unchanged until May, 1896, when a recurrence of the hæmaturia and vomiting took place, accompanied by intolerable abdominal pain, constant pyrexia, wasting, and constipation, alternating with diarrhœa, during which she passed mucous casts of the bowel. She was also said to have passed only a very small quantity of urine for some weeks prior to admission, and the amount was not increased by the administration of diuretics and the imbibition of large quantities of fluid.

On admission, she was a thin, spare woman, of fresh, healthy colour and good physique. She persistently spoke in a low, almost inaudible undertone, and complained of intense, unbearable abdominal pain. Her facies and general demeanour, however, did not corroborate this, and her cool, collected manner, was a marked contrast to the drawn and distraught expression of a real sufferer. According to the charts she brought with her, she had constant remittent pyrexia for over a month, the temperature fluctuating between 103° (evening), and 98·8° (morning). Her appearance, however, absolutely belied the story of several weeks' fever, as did the absence of anæmia and emaciation. She was certainly thin, but this appeared to be her natural habit of body, rather than the result of any pathological condition. The temperature was normal on admission, and there was no rigidity of the abdominal muscles, and no swelling or abnormality whatever to be discovered in the abdomen. In the left loin there was a long scar, occupying the usual situation of a kidney incision; so that evidently some exploratory operation had been performed here. Heart, lungs, nervous system, and optic discs were healthy, but the urine contained a large quantity of very bright blood, uniformly mixed with it. There were no casts or other abnormal elements discoverable microscopically beyond some vaginal epithelial cells, and the specific gravity was only 1015. Rectal and vaginal examination revealed the presence of blood in both passages, *with no local growth or ulceration to account for it.* This examination, I may add, was undertaken within a few hours of admission. The incompatibility between her statements as to pain and pyrexia, and her physical condition, immediately raised some suspicion that the whole of her tale was not genuine, but there was no getting over the fact of the hæmaturia or the presence of the renal scar. When it was suggested over the bed that the registrar of the Edinburgh infirmary be written to asking for further particulars with regard to her condition during her stay there, she at once objected vehemently, giving as a reason that she was engaged to one of the resident doctors and she did not wish him to know that she was again in a hospital. Her temperature was taken four-hourly, and definite instructions were left that if it exceeded 98·4°,

it should immediately be retaken either by a staff-nurse or sister, and the thermometer carefully and continuously watched. She was also put on a blue ticket, a daily specimen of urine examined, and the total quantity measured.

During the next week she remained in precisely the some condition, bright blood being invariably present in the urine. She throughout complained of persistent and intense pain, most pronounced on the left side of the abdomen. From her provokingly healthy appearance, and her complacent demeanour, however, it was perfectly obvious that even if she had any pain at all, it was at most but trivial. Her temperature was always normal or sub-normal, except on two occasions, but when retaken as directed, and the patient carefully observed, it was discovered to have fallen within a few minutes from 101° to 98·2°. Another time the probationer, in taking the pulse rate, in accordance with the usual routine, was unable to feel the radial pulse at all. She at once reported the fact to the staff-nurse, who found it almost imperceptible, and very intermittent. The patient, however, was detected pressing on the brachial artery with the other hand, and when spoken to explained that she was only holding the arm steady for the nurse. These occurrences, of course, put us more than ever on our guard. A catheter specimen of urine was obtained. This was quite free from blood, although that passed before and after catheterism contained the usual quantity. The daily total amounts of urine passed during the week June 23rd to July 1st, were as follows:—10 ounces, 6 ounces, 6 ounces, 4 ounces, 7 ounces, 7 ounces, 2 ounces, 2 ounces. This was in spite of the fact that in addition to the allotted 40 or 50 ounces of fluid which is served with ordinary full diet, she was having two pints of water twice a day. To make sure that she was actually drinking this large quantity of liquid, I myself saw it administered on several occasions, and the nurses were instructed to always watch her drink her water and milk. It became quite certain then that unless she were excreting a large amount of fluid through the skin, or by the bowels, she *must* be passing more urine than 6 or 7 ounces daily, and that she had devised some means of disposing of it without the knowledge of the attendants. As she had constipation there was certainly no loss through the alvine evacuations, and that she was not secreting much by the skin was evidenced by the dry harsh feeling of the epidermis, as well as by actual gravimetric observations. I estimated, relatively, her sweat secretion by one of Dr. Hale White's calcium chloride capsules, and found that, as a matter of fact, she was sweating much less than most people during the hot weather, for the apparatus only increased 2·5 milligrams in weight during ten minutes' exposure. We felt absolutely sure, therefore, that she was disposing of her urine by some subtle and cryptic means, and the nurses were accordingly warned and told off to act as private detectives. It was some days, however, before any possible method was suggested, but as a bare possibility, the water in which she washed her face morning and evening was saved for me, and I forthwith carefully analysed it. It had no urinous odour, and no perceptible yellow colour, but it contained on one occasion ·25 per cent., and on another ·5 per cent. of urea. It also gave abundant evidence of the presence of phosphates. To make sure that there was no fallacy, the soap she used was abstracted by night from her locker, and a solution of this examined. It gave no evolution of gas with hypobromite, and only the faintest possible yellow colour with ammonium molybdate, showing that it contained practically no phosphates. *The soap was of a brilliant pink colour, and highly scented*, and doubtless she had selected it for the express purpose of masking the odour and colour of urine.

The following morning the washing-water was measured before it was supplied to her, and it was found afterwards to have increased to the extent of 8 ounces, so that, allowing for inevitable loss during lavage, at least half-a-pint of urine must have been passed into it. She was promptly given 15 grains of potassium iodide three times a day, and the evening's washing-water went an indigo blue upon the addition of some starch-paste and chlorine-water, thus affording conclusive and incontestable proof of her guilt. I then informed her that it was no longer necessary for her to scratch her vagina to produce the hæmaturia, and that she need no longer trouble to pass her urine into the washing-basin, as we were fully cognisant of her method of procedure. We had been scrupulously careful to avoid allowing her to think that we suspected her, and she was at first much taken aback by my announcement, but she rapidly recovered her composure, and strenuously and indignantly denied the indictment. On expounding to her that we had most complete and incontrovertible proofs, she insisted on immediately leaving the hospital, and we saw her no more, though further facts have since come to light which exhibit her as an arch-deceiver, and liar of the first water.

ALFRED SALTER.

The Services.

(From our Special Correspondent).

The following is a list of old Guy's men who hold commissions in the Services, with their respective stations.

Royal Navy.

A list of old Guy's men serving in the Royal Navy will be published in a future issue.

Army Medical Staff.

Surg. Col. H. S. Muir, M.D., Secunderabad.
Brig. Surg. Lieut.-Col. E. J. Fairland, Netley; Assistant Professor Medicine, Army Medical School.
" " " W. E. Saunders, Bombay.
" " " H. J. W. Barrow, Curragh.
Surg. Lieut.-Col. W. P. Bridges, Languard Fort.
" " F. W. Trevor, M.B., Bombay.
" " W. A. May, Bengal.

Surgeon Major E. O. Reynolds, Bengal.
" " J. T. Carey, M.B., Cape of Good Hope.
" " R. D. Hodson, Shorncliffe.
" " J. G. S. Lewis, Bengal.
" " R. E. R. Morse, Punjab.
" " F. T. Wilkinson, Aldershot.
" " J. R. Stuart, M.B., Dover.
" " T. B. Winter, Punjab.
Surgeon Captain J. W. F. Long, Chatham.
" " A. P. H. Griffiths, Chester.
" " J. V. Salvage, M.D., Woolwich.
" " C. P. Walker, M.B., Portsmouth.
" " E. G. Marder, Devonport.
" " H. St. G. S. Hore, Aldershot.
" " C. S. Spong, Egyptian Army.
" " G. T. Rawnsley, London. Adjt.-Col. Medical Staff Corps.
" " E. M. Pilcher, M.B., Punjab.
" " W. G. Beyts, Punjab.
" " C. E. Pollock, Bengal.
Surg. Lieut. C. M. Fleury, Netley.
" " A. E. Milner, Hilsea.
" " F. S. Brereton, Aldershot.
" " J. C. B. Statham, Maryhill.
" " H. Hewetson, Aldershot.

INDIAN MEDICAL SERVICE.

BENGAL.

Surg. Lieut.-Col. E. G. Russell.
" " G. C. Hall.
" " E. Bovill.
" " J. Duke.
" " P. A. Weir.
Surgeon Captain P. Hehir.
" " J. H. Sellick.
" " E. C. Hare.
" " W. H. W. Elliot, M.B.
" " F. H. Burton-Brown.
" " H. A. Smith.

MADRAS.

Surgeon Lieutenant A. Millar.

BOMBAY.

Surgeon Major R. Manser.
" " C. G. W. Lowdell.
Surgeon Captain C. H. L. Meyer.
" " L. F. Childe.
" " G. E. Prall.
" " B. D. Basu.
" " S. H. Burnett.

ARMY MEDICAL STAFF.

Owing to the recent Army Manœuvres at Aldershot, and the number of vacancies remaining unfilled in the A.M.S., the last batch of Surgeon Lieutenants commissioned have been doing duty at the Aldershot Hospitals, and the course at the Depôt has been postponed till the manœuvres are over.

Black and White for September 12th, 1896, contains an interesting account of the officers, Army Medical Staff, non-commissioned officers and men of Medical Service Corps, who gained the Ashanti Star.

Promotion by selection is quite the rule now to the ranks above Surgeon Lieutenant-Colonel in the Army Medical Staff, so that the rule of "the survival of the fittest," may always be expected to apply in the future.

There is still no news of a new warrant for the Army Medical Staff, and it is said that none will be issued, but that the Indian Government will be induced to apply the provisions of that now in force to India.

From the *United Service Gazette*, 19th September, 1896.

A correspondent writes, "I have had some copies of the GUY'S HOSPITAL GAZETTE lent to me lately, and am much impressed by its remarks upon the present discontent in the Army Medical Department. If all our great medical schools feel as Guy's does on the subject, there is not a ghost of a chance of really good students entering and serving the Government, till Lord Lansdowne issues his promised warrant. In the meanwhile, the Army Medical Staff is growing beautifully less in numbers, and nearly every Gazette tells of a retirement in one rank or another. Altogether, a serious state of affairs. With reference to the remarks in the *United Service Gazette*, it is not the object of the GUY'S HOSPITAL GAZETTE to deter men from entering the army, No doubt, certain changes would be most advantageous and beneficial, and beyond a broad general statement, consisting of extracts from papers and periodicals, no advice detrimental to the Service has been given in these columns."

VOLUNTEER MEDICAL STAFF CORPS.

In *Black and White* for September 12th, 1896, is a photograph of the Transport Section Volunteer Medical Staff Corps, and also a short account thereof, highly complimentary to the Corps, which all new Guy's men are urged to join. The Adjutant Surgeon Captain Rawnsley, A.M.S. is an old Guy's man and will be most happy to give any information at any time. For notices, etc. relating to terms of enlistment, etc. please see the notice-board in the colonnade.

The following story, though not a "service one," is very amusing, and too good to be lost, so I give it to your readers:—Three French boys had to translate a French Shakespeare into English, and the "to be or not to be" paragraph was that in question. Three translations were as follows:—

To was or not to am.
To were or is to not.
To should or not to will.

ACKNOWLEDGMENTS. — Pediatrics (fortnightly); St. Bartholomew's Hospital Journal; Calendar of Edinburgh Medical Schools; the Southern Echo, and th African Leaguer.

Passim.

The Dis-Guysed Minstrels are now an organized body, having made themselves so and given themselves thirteen rules at a meeting held last Monday. An effort was made at the same time to organize a central musical body, to which the Dis-Guysed should be attached, and such other musical affairs entrusted as were considered from time to time advisable. This would have given those responsible for smoking concerts and Christmas entertainments an opportunity, if they were unmusical or overpressed with work, of shifting their burden into a corporate body, whose duty it should be to discover musical genius, not necessarily of the nigger-type, and to organize and economise its use. The meeting, however, did not feel inclined to deal with the larger scheme, and smoking concerts and serious music are still on an insecure foundation.

The organization of the Dis-Guysed is a great cause for congratulation, and upon the names of the officers and committee improvement could not well have been made. Everything speaks well for the winter-season, and for the loyalty and good-fellowship which the undertaking implies. Those who would like to join are requested to send in their names to the secretary.

In the *Times* of the 29th ult., appears an article two columns long entitled "A Doctor's Union," which deals with the whole status of the profession and its connection with provident clubs and quackeries. Its solution of the problem is ingenious and requires thoughtful criticism. We hope to give a short review of it in our next issue.

We have been glad to ventilate the question of Bacteriology as a compulsory course which has been carried on of the late few weeks in the *Lancet*. We cordially endorse Dr. Washbourn's letters and scheme, as retailed in our leading article of to-day.

The Biennial Dinner passed off on "the first" with its customary success. Two hundred and seventy-two old Guy's men were present; Dr. Taylor was in the chair, and Dr. Wilks made a most interesting and amusing autobiographical speech. We publish to-day some sketches taken during the evening, and an informal account of the proceedings.

The announcement was recently made that dressers were to be appointed to their respective surgeons by lot, instead of by preference, in order of merit. This is undoubtedly a most serious innovation and would strike at once at the root of the firm system, whereby, as hitherto, a man could by perseverance win a place in the firm whose traditions were most to his taste. It is to be hoped that the council of the school will, before it is too late, return to their former practice and so preserve a most valuable incentive to hard work and save much unpleasantness which such a change would seem likely to effect.

The circular sent out by the medical school to landladies recommended by Guy's men, is printed in another column, together with a letter that has been sent round to the authorities in protest against the scheme. The protestants, being almost without exception senior men, object to their doings away from the hospital being enquired into by the authorities, as the circular would seem to imply; and they object to the method by which this information is to be obtained. In that part of their complaint, with which we sympathize, the school office appear to interpret their meaning satisfactorily; and such is to be hoped will be the case; for a rigid and universal system of lodging-house government would drive Guy's men into the less suitable and unregistered houses. But with the main idea of the scheme we maintain that the office are at the same time providing a useful source of information, and fulfilling their duty towards the fond parent. Several Guy's men, from whom we should not have expected it, have remarked that such a slight control would have been their salvation in the days when they were green.

The Newcomen Street gate has been closed, and the back-porter has been transferred to the new lodge at the Maze Pond entrance. If the authorities had lived in Trinity Square, and had to attend 9 o'clock lectures, we reckon they would have repented before now. We are sincerely sorry too for Messrs. Hills, on whom the alteration will press rather severely.

We regret that objection has been taken to certain criticisms in our last number. In so far as they were of importance, they were apparently true, and they were far more mildly expressed than some that we have recently read in the *Athenæum* and *Spectator*. It stands to

reason that the articles in dispute were not intentionally virulent; and we fear that all Guy's men will have to bear with far severer criticism when they emerge into the hubbub of public life.

As Mr. Mills is giving out copies of this issue, the wedding-peal is being rung in Leeds for the marriage of Mr. A. P. Beddard, our late president of the residents, and the daughter of the Right Hon. W. L. Jackson, M.P., of Aberford, near Leeds. Guy's men will cordially wish them every success.

In swimming matters we were glad to see that Mr. A. Styer, who has been captaining Brighton and Sussex as well as Guy's in the water, was playing the other day for South v. North. We noticed G. Marshall was commended also for his play on behalf of Surrey v. Middlesex.

R. Kanthack writes that the paragraph recommending his microscopes in the Students' Number was hardly accurate, since he has moved to 18, Berners Street, has resigned the Zeiss agency, and sells only Leitz microscopes from £6 upwards.

A general meeting of the Students' Club will be held on Thursday, October 22nd, at 4 p.m., in the anatomical theatre. Dr. Pye-Smith in the chair.

The Missionary Society had a very successful meeting of some seventy members and friends in the Court Room on Monday last. Dr. Lankester spoke at length, the Treasurer referred feelingly to his connection with the society, which he now bade farewell, and a valuable presentation of a harmonium, midwifery bag, dental instruments and medical books was made by the society to Miss E. Bryant, formerly Night-Sister to the hospital, who is going out under the C.M.S. to "the Hairy Ainu" of Japan, described by Mr. Savage Landor as the most primitive race of mankind.

Those interested in foreign mission work of the highest order in Central Africa should go to the meeting of the Universities' Mission on the 23rd, to which anyone will be welcome. Dr. Hind, the Bishop of Likoma, who will speak, is a London M.D., and carried off several prizes and medals before he was ordained. Dr. Symes Thomson will be in the chair, a fact which speaks for itself.

The Gazette reporterships have been filled by the appointment of Messrs. W. N. East, P. C. Higgins and R. Howard to work in the out-patient departments and post-mortem room. It is to be hoped that their work will result in initiating a valuable series of reports that may prove useful more especially to men in practise, several of whom have written or spoken to us in commendation of the scheme.

From pressure on the one hand of space and on the other of our minister of finance, many contributions are unavoidably held over till a future issue. Amongst these are accounts of the Brook Hospital, of the annual meeting of the United Hospital Cycling Association and of the recent proposal for a "Doctors' Union"; a review of the lawn-tennis season, a catalogue of books recently added to the library, a description of the new operating theatre, a list of all old Guy's men in the naval and medical service, besides technical contributions, correspondence, and two prize-papers from the competition.

"S" writes: "The following rendering by the late Professor John Conington of Oxford of the lines from Horace quoted in the last issue of the Gazette, may perhaps be of service to those who, like myself, cannot interpret Horace with the facility of ten years ago":—

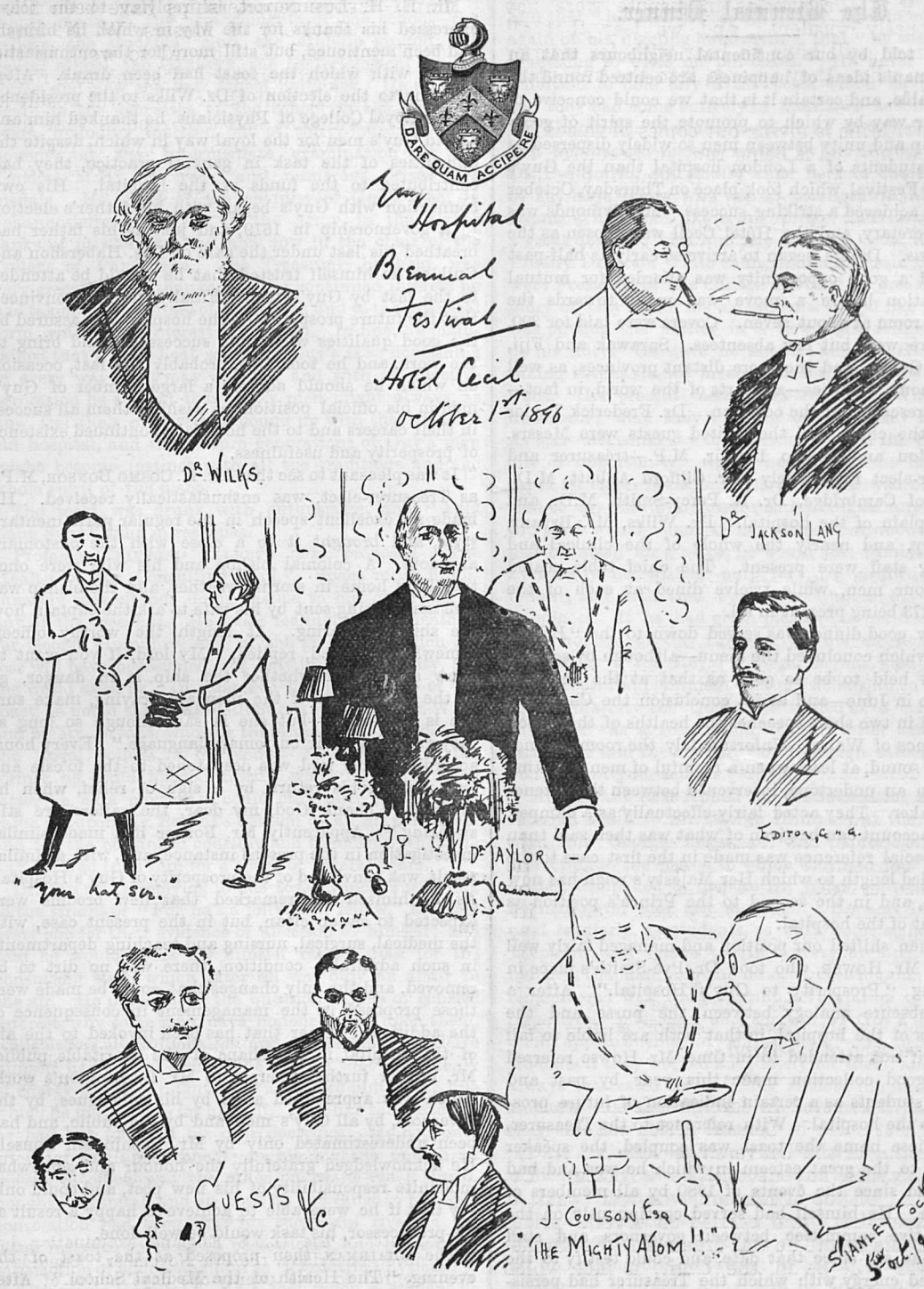
"The man of firm and righteous will,
No rabble, clamorous for the wrong,
No tyrant's brow, whose frown may kill,
Can shake the strength that makes him strong."

Mr. Myers Coplans, who has been awarded the first science scholarship, comes from the Simon Langton Schools, at Canterbury, where he has won many prizes in science, mathematics and general school work. Mr. J. F. Northcott, who won the second scholarship, hails from John's, Cambridge, and took a first in Part I. of the Tripos last year.

Mr. Jacobson is meeting the candidates for the Primary Fellowship examination in November on Monday next, the 12th instant, at 9 a.m., in the spirit preparation room.

For the information of new students, we are asked to state that cheap tickets to Honor Oak Park (near the Guy's Athletic Ground), are obtainable in the dining-hall of the College.

The date for the L.D.S. England examination has been fixed for Friday, the 6th November. Candidates are required to give twenty-one days' notice of their intention to present themselves for examination.


DARE QUAM ACCIPERE
Guy's Hospital
Biennial
Festival
Hotel Cecil
October 1st 1896
Dr Wilks
Dr Jackson Lang
Editor, G.H.G.
Dr Taylor
"You hat, sir."
Guests &c
J. Coulson Esq
"The Mighty Atom!!"
Stanley Cock
Oct. 96

The Biennial Dinner.

We are told by our continental neighbours that an Englishman's ideas of happiness are centred round the dinner table, and certain it is that we could conceive of no better way by which to promote the spirit of good-fellowship and unity between men so widely dispersed as the old students of a London hospital than the Guy's Biennial Festival, which took place on Thursday, October 1st, and achieved a striking success. Mr. Symonds was again secretary, and the Hôtel Cecil was chosen as the *rendezvous*. Diners began to arrive so early as half-past five, and a good opportunity was afforded for mutual investigation before a move was made towards the Victoria room at about seven. Covers were laid for 290, and there were but few absentees. Sarawak and Fiji, John of Groats, and the more distant provinces, as well as the home counties—all parts of the world, in fact—were represented on the occasion. Dr. Frederick Taylor was in the chair, and the invited guests were Messrs. Lushington and Cosmo Bonsor, M.P.—treasurer and treasurer-elect respectively—Dr. Clifford Allbutt, M.D., F.R.S., of Cambridge, Dr. R. Percy-Smith, M.D., and the Chaplain of the hospital. Dr. Wilks, Mr. Bryant, Dr. Pavy, and nearly the whole of the clinical and lecturing staff were present. The chief table seated twenty-four men, while twelve dined at each of the others, 273 being present in all.

A very good dinner was served down to the "Bombe Cecil," which concluded the menu—although by some it was not held to be so good as that at the Imperial Institute in June—and at its conclusion the Chairman proposed in two short speeches the healths of the Queen and Prince of Wales. Unfortunately the room was not good for sound, at least when a roomful of men, chatting hardly in an undertone, intervened between the listener and speaker. They acted fairly effectually as a damper, and no account can be given of what was then said than that especial reference was made in the first case to the unequalled length to which Her Majesty's reign has now attained, and in the second to the Prince's position as President of the hospital.

We then shifted our position and managed fairly well to hear Mr. Howse, who took Dr. Pye-Smith's place in proposing "Prosperity to Guy's Hospital." After a rather obscure analogy between the purse and the buildings of the hospital, in that both are liable to fall to ruin if not attended to in time, Mr. Howse referred to the good collection made this year by past and present students as a certain indication of future prosperity to the hospital. With reference to the Treasurer, with whose name the toast was coupled, the speaker referred to the great esteem in which he was and had been held since the events of 1880 by all members of the staff. He himself had served continuously on the consultative committee between governors and staff which had sat since that date, and could testify to the continued energy with which the Treasurer had persistently worked for the good of the hospital.

Mr. E. H. Lushington, in replying to the toast expressed his thanks for the way in which he himself had been mentioned, but still more for the enthusiastic loyalty with which the toast had been drank. After referring to the election of Dr. Wilks to the presidency of the Royal College of Physicians, he thanked him and all old Guy's men for the loyal way in which, despite the difficulties of the task in general practice, they had contributed to the funds of the hospital. His own connection with Guy's began with his father's election to a governorship in 1819, and just as his father had breathed his last under the care of Drs. Habershon and Gull, so he himself trusted that he should be attended to the last by Guy's men. Finally, he felt convinced that the future prosperity of the hospital was assured by the good qualities which his successor would bring to the work, and he took this, probably the last, occasion on which he should address a large number of Guy's men in his official position, of wishing them all success in their careers and to the hospital a continued existence of prosperity and usefulness.

It was pleasant to see that Mr. H. Cosmo Bonsor, M.P., as Treasurer-elect, was enthusiastically received. He made an excellent speech in the regular parliamentary style, and brought it to a close with the customary anecdote. A colonial bishop and his wife were once travelling home in stormy weather, and the bishop was constantly being sent by his wife to ask the captain how the ship was faring. At length the worthy officer, somewhat annoyed, replied, "My lord, if you want to know any longer whether the ship is in danger, go to the fo'csle, and if the men are praying, make sure she is in danger; but she is safe enough so long as they are using their customary language." Every hour, accordingly, my lord was despatched to the fo'csle and was met on his return by a sigh of relief, when he reported, "Thank God, my dear, the sailors are still swearing." Apparently Mr. Bonsor had made similar investigation in the present instance, and, with a similar result, was convinced of the prosperity of Guy's Hospital. As to himself he remarked that new brooms were expected to sweep clean, but in the present case, with the medical, surgical, nursing and teaching departments in such admirable condition, there was no dirt to be removed, and the only changes that could be made were those proposed in the management in consequence of the additional helper that has been invoked to the aid of the hospital in the shape of the charitable public. Mr. Bonsor further referred to Mr. Lushington's work, which was appreciated alike by his colleagues, by the governors, by all Guy's men and by the public, and had been underestimated only by Mr. Lushington himself. He acknowledged gratefully the honour and somewhat indefinite responsibility of his new post, and could only say that if he were able to achieve as happy a result as his predecessor, his task would be well done.

The Chairman then proposed as the toast of the evening, "The Health of the Medical School." After invoking all the public spirit of his hearers in drinking

the toast, he passed in review all the recent improvements made in the arrangements of the school—the college, the students' club, the athletic ground, the dental school, the Gazette, the bacteriological laboratories, and now the new school buildings. He referred again to the successes of the school in the past two years, including fourteen out of thirty-four places in honours at the Intermediate examination for the London M.B. last year, and numerous prizes and medals. He spoke of the ubiquity of Guy's men, in Johannesburg, in Egypt, in the Army, in the higher ranks of private practice, and now in the chair of the College of Physicians. The Treasurer, he held, was very greatly to be thanked for the continued interest he had taken in the welfare of the school, and to the practical form which that interest had taken. In fine, he maintained that the medical school of Guy's is as flourishing in every way as it may well be; and with an effective peroration he trusted that Guy's men might always, as now, feel their own welfare bound up with that of their old hospital, and that future generations of Guy's men might become instinct with all the traditions and the whole spirit of the place.

The toast was drunk with enthusiasm, and "Auld Lang Syne" sung in response.

Professor Clifford Allbutt next proposed "The Health of the Consulting Staff." Space must unfortunately prevent our doing justice to his, or indeed to any of the speeches. He spoke feelingly of the death of Sir George Humphry, and of the great gap which his loss will have occasioned, not only in his university, but the world at large. In reference to the subjects of the toast, he noted the great distinctions earned by Dr. Wilks and by Mr. Bryant, who for three years was president of the Royal College of Surgeons. To the work of the former he could himself testify, while for that of the latter he, as a physician, could only refer to the great value set upon Mr. Bryant's opinion by all his colleagues and for the continued courtesy and friendship which he had enjoyed from him for a space of several years.

Dr. Wilks, in replying to the toast, which was drunk to the strains of "For he's a jolly good fellow," thanked every one for their evidence of affection to himself; and said he would speak for himself rather than for the consulting staff, which after all was only an affair in the air. He propounded the question as one of general interest, why some men have honour thrust upon them, while others are millionaires, and others again fail. He himself had always been of the opinion that with plenty of energy any man might carry all before him in the line which he may choose for himself. But, like the preacher, he had not followed his own doctrines. He had only tried for two appointments in his life, the one in an insurance office, and the other on board the "Dreadnought" hospital, and in both he had failed. His only consolation had been that his successful rival in the latter instance posed as an obstetrician, and he had the satisfaction of addressing him as "Obstetric Physician to the Seamen's Hospital." As a fact, when a student he had always been very bashful, and it was reported of him that "he has prizes, but might have more;" and again of his niggling handwriting, that "he seems to be practising to write on pill-boxes." He never had any ambition to hold any of the posts which he had held, and they had come entirely of their own accord. As to the honourable presidency which he now held, he was first approached on the matter by Dr. Moxon, then by Dr. Pye-Smith, and finally when he had the influenza by Dr. Hale White, who was so persistent in his efforts, haunting his room like a nightmare, that he conceived a great desire to kick him; he did not know if he did. Finally Dr. Hale White came to him and said that if he were President of the College it would be greatly to the glory of Guy's, and his old students would like it. This was putting the matter in a new light, telling him to do his duty. He gave no answer, and Dr. Hale White taking it that silence meant consent, found his hat and went. His present feelings to Dr. Hale White were uncertain; were they blessing or were they cursing? At least he could say that gentleman had the Christian gift of importunity. Again he repeated he had never cared for either fame or money; but he was convinced that to any man who interested himself in any subject, the place would come; if he worked continuously, if he fitted himself for a place, he would just tumble into it. Personally he wished only for the goodwill of his fellows, and with that were bound up all his ideals of happiness. If he had given pleasure to his friends and done honour to the Hospital by his election to the presidency of the Royal College, he was glad; and his other recent appointment to a physicianship in ordinary to Her Majesty the Queen, he valued as a corollary of the other "as a recognition," as the letter said in conferring on him the honour, "of the high esteem which you have of your fellows."

Mr. Bryant also replied for the consulting staff, and referred again to Sir George Humphry as the founded, with Sir George Paget, of the Cambridge School. Reverting to the speech to which they had just listened, he felt compelled to dispute Dr. Wilks' contention that he had never had any ambition. He and Dr. Wilks used regularly, as students, to walk home so far as the Elephant and Castle together every evening, the one living in Clapham and the other at Newington; and he remembered well their continuous ambition to become respectively physician and surgeon to Guy's Hospital. Such appointments, in his opinion, were open to all students if they worked adequately for them, and he was always interested in watching student-life and helping students so far as might be in the various activities which they were now able to exercise.

Dr. Pavy, who was loudly called on for a speech, also replied briefly, and added his share to the glorification of Guy's Hospital and its medical school.

Dr. Savage proposed "The Health of the Chairman." To speak well, he said, it was necessary either to know all or nothing of the subject in hand. In the present matter he professed himself to be profoundly learned,

for he had known Dr. Taylor for thirty years, and had known him as a successful man in everything he had taken up—in fencing, in cycling, in mountaineering, and in a variety of other ways.

In replying to the toast, the Chairman admitted that he had tried his hand at many things, but regretted that he had been master in none. Dr. Savage had called him an allround man, but it was not for proficiency on a bicycle that medical men hoped to be remembered; they would hope rather that their names might be handed down to posterity at the foot of a prescription, showing that it was in the serious endeavour of their lives that they had obtained success. In proposing the health of Mr. Symonds, the secretary to the dinner, Dr. Taylor noticed that whereas Mr. Durham, Mr. Colley, Mr. Golding-Bird and Mr. Howse had before now acted in the same capacity, one physician only had ever undertaken the work. Perhaps the surgeon was more competent to deal with facts, and this dinner was admittedly a very great fact.

Mr. Symonds, in replying to the toast of his health, remarked that the success of the evening had been largely due to the Chairman. Their numbers were 273, a total only surpassed in 1886, when there were 278, and 1872, when there were 289 present. He hoped that further improvements might be made in the dinners of 1898 and future years.

At intervals during the evening music was provided, a Signor Melita playing skilfully on bells which were out of tune with the piano, Mr. F. Bevan singing well, and Mr. Charles Capper whistling "Should he upbraid" magnificently.

Correspondence.

To the Editor of Guy's Hospital Gazette.

Lodging-House Registration.

Dear Sir,—As past and present lodgers in the neighbourhood of the hospital, we feel that we ought not to allow the "regular system of inspection and registration of lodgings," as announced in the last issue of the Guy's Hospital Gazette, to be established without a protest.

In the first place, we doubt if such a system be necessary, but the part of it to which we especially take exception is that under heading 3 in the enclosed circular, which has been already sent round to landladies in the district. If these regulations be complied with, the landlady necessarily becomes the custodian of her lodger's morality. Such a position, considering the social differences, as well as those which naturally exist between an employer and employee, would be intolerable, and would open the door to very serious abuses. An unscrupulous landlady, who has it in her power to report a student's conduct to the medical office, might use such power as a means of blackmailing, or at least of seriously damaging his reputation.

The utter futility of attempting to model the medical school on the lines of the Oxford and Cambridge Universities will be at once evident when the disparity between the powers of the governing bodies is considered. If this scheme is approved of by our landladies (which we doubt), we should none of us hesitate to give notice and leave.

There are other points in the scheme which might be discussed, but their impracticability will be most clearly demonstrated if this "grandmotherly legislation" is proceeded with.—We are,

W. L. Baker	W. Courtenay Milward
H. W. P. Barrow	J. Moore
A. P. Beddard	C. R. Nicholson
A. G. Butler	F. J. Nicholls
F. J. H. Cann	H. B. Onraët
Herbert Cardin	Athol S. Pearse
A. B. Carter	C. Bruce Pearson
W. T. Clarke	H. D. Peile
A. J. Cleveland	E. H. Pomeroy
E. F. Clowes	P. C. Prince
D. Cogan	W. F. Reckitt
Percy J. Curtis	E. R. Row
C. D. Edwards	C. Craven Salmon
E. R. Evans	G. Shorland
E. Evans	W. H. M. Smith
Edward Evans	D. T. Smith
R. T. Fitz-Hugh	H. Victor Smith
A. T. Falwasser	Harold Simpson
Edmund S. Hall	R. B. Stamford
M. Hamblin-Smith	Thos. W. Stanton
F. H. Hardy	P. G. Temple
F. C. Hitchings	A. R. Thomas
F. J. Felix Jones	T. Morrell Thomas
C. Jephcott	F. G. Thomas
A. C. Lewis	T. J. Tulk-Hart
N. Y. Lower	W. Tyson
R. W. Mayston	N. Williams

September, 1896.

COPY OF CIRCULAR SENT TO LANDLADIES.

Dear Madam,—It is intended to revise the list kept at Guy's Hospital of householders willing to receive medical students as lodgers or boarders, so that in future it shall only include:—

1. Householders whose accommodation has been personally inspected and approved by the authorities of the medical school.

2. Householders whose references have been investigated by the Dean of the school and found to be satisfactory.

3. Householders who have undertaken to report to the Dean of the school when a student who may be lodging or boarding in the house is absent at night, or persistently late in returning to his rooms, or whose conduct in any other way appears to be unsatisfactory, and to inform the Dean when the student gives notice of his intention to vacate his rooms.

Each householder on the list is required to notify the Dean when any student of Guy's Hospital enters his or her house as a lodger or boarder, and to pay a fee of five shillings for each student received.

The printed list of registered lodgings will be published annually in September, and in order that the list for this year may be prepared without delay, I have to request that you will fill up and return the enclosed paper, should you desire your name to appear.—I am, yours faithfully, L. E. SHAW, *Dean.*

Discipline.

Dear Sir,—I greet with joy the progressive spirit that has sprung up in our midst. At last we are to have an imitation of the "Oxford and Cambridge" lodging house delegacy. Might I, as one deeply imbued with the spirit of the times, implore the authorities to take a further step. Sir, I allude to the grand system of proctors and bull-dogs which flourishes in our two 'Varsity towns. Could not a member of the staff—this post to be held in rotation—patrol the Borough of an evening and visit the various restaurants accompanied by a couple of students. These men ought most certainly to be ward clerks, as they appear to be omniscient. Sir, I would gladly be one, and subscribe myself,—Yours distinctly,

Guy's Hospital. STUCKEY.

The Asphalte Court.

Dear Sir,—In the Gazette of September 26th, I see mentioned that among the "Constituent Institutions of the Clubs' Union" is the Lawn Tennis Club, having, amongst others, "a single asphalte court opposite the 'Ship,' which is available all the year round." This piece of information is, I think, misleading, as it is reported that the court in question does not belong to the Clubs' Union; and even if it does, its condition (minus a net to start with) renders lawn tennis there impossible.

Last summer a numerously-signed petition in the "Suggestion Book," asking that the asphalte court be re-marked, etc., received no attention.

It seems a pity that such a useful acquisition as this court would be if decently kept, should be allowed to slip out of the hands of the Clubs' Union. Other lawn tennis clubs practise during the winter, and it is possibly owing to the non-ability of the Guy's students to do the same that one finds such a low standard of play amongst Guy's men as a whole.

P. S. MANDY.

With reference to the proposals for Gazette reports from the out-patient department, Dr. Horace Richardson of Commercial Road, E., writes:—"The latest development, one feels sure, will add to the value of the journal and be an additional 'boon and blessing to men' unable to enjoy the privileges of hospital work. I suppose 'Skins' and Dr. Horrocks will be occasionally visited by the reporters."

Notes of an Introductory Lecture to Dental Students.

By Mr. W. A. Maggs.

As dental students at Guy's you enjoy the highest educational advantages, for there are not only numerous demonstrations and lectures given daily throughout the sessions, but also the number of patients is practically unlimited; and, further, there is the great advantage of being able to attend all the general and dental lectures at the same hospital—a benefit confined in London solely to Guy's.

Be assured that not only will your success as students, but also your reputation as qualified dental surgeons, chiefly depend upon your own exertions.

In order to emphasise the importance of steadfastness of purpose, rather than trusting to fortuitous circumstances, you will perhaps pardon me for quoting a passage from a letter which I received some time ago from one of our most distinguished students, now a L.D.S. "Personally, I should like to add that if it can be said that I have met with any particular success during these two years, it has been in no small measure due to your help. One incident, at all events, may interest you. You may perhaps remember, that in your opening lecture two years ago, you gave a few remarks by way of encouragement to the new men, and among them you quoted Carlyle's definition of genius as 'the capacity for taking infinite pains.' That sentence, to a large extent, seemed to stir me up, and though feeling as ignorant as the most ignorant present, of the work which lay before us, I determined that I would, if by sheer hard work alone, at least become one of the medium men of our batch. I have mentioned this because I thought it was only just to you, that you should know the help I have received. With regard to dental anatomy, I have obtained such an appetite for it, that I think can only be satisfied by further study."

Examinations are simply tests of knowledge, and the dental or any other diploma should not be the *summum bonum* of your existence.

The Royal College of Surgeons of England has recently issued new regulations for the dental curriculum and examinations, but as these regulations will only apply to those students who register on or after January 1st, 1897, they need not now be considered. It may, however, be stated that attendance upon the courses of demonstration on practical dental surgery, microscopy and dental mechanics will then become compulsory.

All these demonstrations have been given at Guy's for some years past, thus showing that we have been and are in the van of progress.

Dentistry is a progressive science, and considerable advances have been made during late years, especially in two directions, namely, bacteriology and dental mechanics.

Bacteriology has taught us to understand more fully the pathology of caries of the teeth, and the action produced by micro-organisms. It has shown us the necessity of endeavouring to render the mouth aseptic, and the benefits to be gained by sterilizing our instruments, cavities, etc., before proceeding to operate. The possibility too of transferring disease from one patient to another must be guarded against in every possible manner, and more particularly so in hospital practice.

As regards dental mechanics, new and improved methods of practice are continually being adopted, and he who is a clever mechanician will necessarily acquire them more readily. The sound technical training undergone during the pupilage of a student is the best possible education for fitting a man to become a good operator.

Too much stress can hardly be put upon the necessity for a thorough mechanical training, otherwise the practitioner will be working at a disadvantage throughout life.

Make it a rule to learn something new every day of your life, and if you will endeavour to carry out this rule conscientiously, you will become well-informed, as well as practical men, and your love of knowledge will increase. It has long been my conviction, "that gold fillings make a dentist's reputation, and failures in extractions mar it."

The study of anatomy and physiology must precede that of surgery and pathology; so also must the study of dental anatomy precede that of dental surgery. As specialists, too, a wide field of odontology must be studied, and the course of lectures upon dental anatomy will include the descriptions of the typical forms of dentition amongst vertebrate animals, as well as the form, structure and microscopic appearances of the human teeth and their surrounding tissues.

Tomes' Dental Anatomy, last edition, 1894, is the students' text-book, and it may be relied upon as a valuable work; *Owens' Odontography*—the masterpiece on the subject—and *Flower and Lydekker's Mammalia*, are the best works of reference, and they are in Guy's library.

Guy's library contains most of the standard dental works, and the current literature; and it is to be hoped that you will take full advantage of such opportunities of study. Suggestions for new works to be added to the library may be made in a book provided for that purpose.

Guy's comparative anatomy museum contains a valuable collection of dental specimens, and the tpyical dentitions of fish, reptiles, and mammals are to be seen therein. These specimens will be shown here as occasion requires, and a more intimate knowledge of them can be obtained at your leisure.

The museums of the Royal College of Surgeons, the Odontological Society, and of Natural History, Cromwell Road, all possess splendid serial collections of dental specimens, illustrating almost every known type of dentition. Visits should be made to all the above-mentioned museums, as opportunity occurs.

The "Dis-Guysed" Minstrels.

A meeting was held in the anatomical theatre on Monday, the 5th inst., with the object of constituting a club with the above title. There were present between thirty and forty men, including Messrs. C. E. Carpmael, C. D. Edwards, A. Allport, T. L. Jackson, W. C. C. Pakes, F. E. Fremantle, F. J. Lidderdale, J. M. Fortescue-Brickdale, C. E. Michael, H. T. Hicks, A. Scott-Turner, H. J. Starling, L. C. Handson, B. B. Ham, W. H. Barron, W. R. Cazenove, A. A. Miller, Stanley Cock, J. Atkins, H. L. Eason, J. Shenton, A. W. Soper, A. H. B. Kirkman, L. Stamm, W. L. Baker, H. C. Batchelor, S. H. Croucher, B. F. Henry, J. A. Reaside, F. G. Thomas, C. Shepherd, and others.

Mr. C. E. Carpmael was voted into the chair, and called upon Mr. Reaside to make a statement with regard to the purposes of the meeting.

Mr. Reaside recapitulated the past history of the minstrels and read the minutes of a meeting held in April last, when a provisional committee was appointed to draw up a constitution suitable for their permanent organisation.

Mr. Jackson then moved and Mr. Pakes seconded, that this meeting constitutes itself into a club, to be called the "Dis-Guysed" Minstrels. A discussion ensued, in which Mr. Lidderdale suggested that the present opportunity should be taken of forming a musical society to manage the musical affairs of the hospital, including smoking concerts and ward concerts at Christmas.

The Chairman pointed out that one serious objection to this was that the responsibility of good order at the smoking concerts was vested in the residents, and that it was advisable that they should still retain control of them.

Mr. Fremantle generally supported Mr. Lidderdale, and moved the following amendment:—

"That a musical committee be formed, which shall manage such musical matters in the hospital as it is considered desirable to put under its control.

"That a departmental committee be formed, if necessary, to manage the affairs of the "Dis-Guysed" Minstrels.

"That a second departmental committee be formed to manage the smoking concerts of the Students' Club."

Mr. Lidderdale seconded the amendment.

The amendment was put to the meeting and negatived, after which the original motion was put and carried unanimously.

The following rules were then submitted and adopted:—

1. This club shall be called the "Dis-Guysed" Minstrels.

2. The objects of the club are (i.) To encourage and develope the musical and histrionic talents of its members; (ii.) To employ those talents for the pecuniary benefit of Guy's Hospital.

3. Only gentlemen who are or have been connected with Guy's Hospital shall be eligible for membership, but friends of members may take part in the performances of the club when invited to do so by the committee.

4. The club shall be managed by a committee (to be elected annually, except as hereinafter mentioned), consisting of a president, secretary, treasurer (who shall, if possible, be a member of the hospital staff), stage manager, orchestral manager, three ordinary members and one representative of the resident staff.

5. The stage manager and orchestral manager shall not be elected by general meeting, but shall be appointed by the committee. Should the choice of the committee fall upon an existing member or existing members of their body, the vacancy or vacancies so arising shall be filled up at a general meeting to be called for the purpose.

6. The entrance fee shall be five shillings.

7. New members shall be elected from time to time by the committee on being proposed and seconded in writing by existing members of the club.

8. The entrance fee of the members and the money obtained as the result of entertainments given before the public shall be applied in the following ways:—

(i.) To the payment of the expenses attending such entertainments, and to the general expenses in connection with the management of the club.

(ii.) To the acquiring of such properties as the committee shall from time to time deem necessary.

(iii.) To providing a cash balance not exceeding fifty pounds to meet future expenses.

(iv.) Towards the endowment of beds or cots in the wards of the hospital in the name of the "Dis-Guysed" Minstrels.

9. An account shall be kept with the Union Bank of London, Southwark branch, in the name of the club, into which shall be paid all receipts and from which all disbursements shall be paid by cheque, which shall be signed by the treasurer and secretary.

10. A general meeting of the club shall be held in October of every year, at which the officers for the ensuing year shall be elected, and the accounts for the previous year submitted and approved.

11. In the event of any vacancy occurring on the committee between the dates of the annual general meetings, the secretary shall call a general meeting at which such vacancies shall be filled up.

12. The secretary shall, on the instruction of the committee, or upon the requisition in writing of ten members, call a special general meeting at any time, but the notice calling such meeting must be given at least seven days before the date thereof, and must state the object for which the meeting is called. A special general meeting shall have all the powers of an annual general meeting.

13. None of these rules shall be altered except at a general meeting; notice of any intended alteration having been given in accordance with Rule 12.

The election of officers then ensued.

Mr. Eason moved and Mr. F. G. Thomas seconded, that Mr. C. H. Golding-Bird be elected president.

Mr. Pakes moved and Mr. Handson seconded, that Dr. Shaw be elected treasurer.

These were carried by acclamation.

Mr. Reaside was elected secretary, and a ballot was then taken to elect the committee, the following gentlemen receiving votes in the order named:—

A. Allport, A. A. Miller, T. L. Jackson, W. C. C. Pakes, A. Scott-Turner, H. L. Eason, C. E. Michael, H. T. Hicks.

Messrs. Allport, Miller and Jackson were elected.

Mr. Allport moved that in event of the stage or orchestral manager being chosen from the existing committee, that the vacancy or vacancies should be filled up by the gentlemen next on the voting list. This was agreed to.

At a meeting of the committee held on the 8th inst. (Mr. Golding-Bird in the chair), Mr. A. A. Miller was appointed to the post of stage manager, and Mr. H. L. Eason to that of orchestral manager.

In accordance with the resolution passed at the general meeting, Mr. W. C. C. Pakes succeeds to the vacancy caused by the selection of Mr. Miller.

Mr. C. D. Edwards has been nominated to represent the residents on the committee.

Novelties.

PHARMACY, MATERIA MEDICA, Etc.

ROBINSON'S DRESSING.

Messrs. Robinson & Sons, Chesterfield, and also at 55, Fann Street, Aldersgate Street, E.C., have sent to the dispensary some samples of a new surgical dressing. It is composed of absorbent cotton wool and cellulose wadding in alternate layers. Cellulose wadding has been in use for some time at Guy's. This article is made from wood-pulp; it is rendered aseptic by hyd. perchlor., and is prepared in thin sheets resembling tissue paper. It is very absorbent, and also possesses great diffusive power over the absorbed liquid. As a dressing it is not, however, perfect, for when saturated, it becomes soft, contracts together, and forms a firm, impermeable layer like paste. Absorbent cotton wool is very soft and flexible, but has very little diffusive power, so that the discharge is soaked up, and passes straight through the dressing. Messrs. Robinson & Sons have conceived the idea of combining the two substances, and thus to obtain the elasticity and softness of the cotton wool, with the great diffusive power of cellulose wadding, and to supplement the deficiency which is found in each. The combination appears to be an excellent one, and the dressing, as regards absorption, diffusibility, lightness and elasticity, to be perfect. The dressing is also prepared with gauze, like the well known Gamgee Tissue, and is known as Robinson's Tissue.

ELECTROZONE.

Samples of an antiseptic liquid termed Electrozone have been sent by the British Electrozone Corporation, Limited, Trafalgar Buildings, Charing Cross, W.C. The liquid is stated to be "water containing a given quantit

of common salt or brine and subjected to electricity." This antiseptic is not new to surgery, it was in use at Guy's long before Sir Joseph Lister commenced his experiments with carbolic acid: in fact, it is our old friend chlorine under a new name. The production of chlorine from alkaline chlorides was shown by Humphrey Davy, and Michael Faraday worked out and proved the fundamental laws of electrolysis, which enables us to calculate exactly the amount of current required to produce by electrolysis any definite amount of chlorine. The electrolysis of sea water or a saline liquid produces hypochlorites, so that Electrozone is a solution of alkaline hypochlorites. The value of this solution would be determined by the amount of the available chlorine present, and the analysis shows that it contains from 150 to 200 grains per gallon. In this respect it resembles the Liquor Sodæ Chlorinatæ of the British Pharmacopœia, which yields 2½ per cent. of available chlorine, equal to about 195 grains per gallon.

Sport.

Association Football.

GUY'S 1st XI. v. BECKENHAM.

Played at Beckenham on October 3rd, and resulted in a win for Guy's by 2 goals to 1. The game was rather scrambling at first, but improved greatly towards the finish when it became very exciting, the home team trying hard to equalise. For the first ten minutes Beckenham had the best of the game, but Guy's soon warmed to their work and Hall scored our first goal of the season with a beautiful, long, dropping shot. However the scores were soon made equal, by our having a free kick given against us in the mouth of goal. Guy's had hard luck in front of goal, Humphry hitting the cross-bar and upright, but Witcombe ought certainly to have scored twice.

In the second half the game was extremely fast, but the shooting on both sides being very poor, it was not until about fifteen minutes from the finish that the winning goal was scored for us by Mandy. During the last five minutes Barker had an anxious time but kept his charge intact.

Robson, Hall, and Humphry were the pick of the team; the result was most gratifying, as it augurs well for a most successful season. We might mention that ten enthusiastic supporters accompanied the team; we fancy this is a record! Of the new blood in the team, Robson at right full-back is likely to be a great acquisition, for he played an extremely cool and safe game; his kicking is clean and sure, and his tackling (considering his size and weight) was very safe. His style reminded us greatly of A. B. Carter; he came up from Forest School with a great reputation, and there seems every likelihood of his fulfilling it. Witcombe and Hilton did not come up to expectations, though there is a certain amount of excuse for the former as he was playing out of his place, namely, inside left instead of outside left, and also about five minutes from the start he lost the heel and half the sole of his right boot; we hope he will show us some of his true form before long. Unfortunately, during the latter part of the game, Palmer, our centre forward, had the misfortune to dislocate his thumb and sprain his right wrist in falling. We sincerely hope he will soon be fit again and able to help us. Team:—

Guy's.—M. S. Barker, capt. (goal); E. C. Davies and Robson (backs); J. Mathews, Swan, and R. B. Hall (half-backs); L. Humphry, Witcombe, W. G. Palmer, Hilton, and P. S. Mandy (forwards). H. B. Onraët (linesman).

Appointments.

Since our last issue the following vacant appointments have been filled:—

HOUSE APPOINTMENTS.

Dental Surgeon's Dresser.—Mr. E. J. O'Meara (October).

Assistant Physicians' Clerks.—Messrs. H. N. Collier (Dr. Shaw); C. W. Booker (Dr. Washbourn).

Clerks in the Skin Department.—Messrs. H. T. Hicks and W. H. M. Telling.

Assistant Surgeons' Clerks.—Messrs. S. C. Clapham, M. C. Hayward, W. W. Harrison, G. H. Bedford and H. Durbridge.

Clerks in the Electrical Department.—Messrs. C. R. Evans (October), F. J. H. Cann (November), and S. C. Clapham (December).

Assistant Demonstrator of Biology.—Mr. F. G. Gibson.

DENTAL APPOINTMENTS.

Dresser in the Gas Room.—Mr. S. J. Redpath.

Dresser in the Ordinary Extraction Room.—Mr. V. G. Smith.

CIVIL.

Barr, V. H., L.R.C.P. Lond., M.R.C.S., has been appointed a Public Vaccinator for the district of Ohacausai, New Zealand.

Haylett, P. H., M.B., L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the Cape Town Hospital, South Africa.

Lavers, Norman, L.R.C.P., M.R.C.S., has been appointed Junior Medical Officer at Camberwell House Asylum, S.E.

Taylor, E. C., M.D. Lond., B.S., L.R.C.P. Lond., M.R.C.S., has been appointed House Surgeon to the Hospital for Children and Women, Bristol.

Wilks, Samuel, M.D. Lond., F.R.S., President of the Royal College of Physicians, has been appointed Consulting Physician to the Hampstead Hospital, *vice* Sir J. Russell Reynolds, deceased.

MILITARY.

Birdwood, Surgeon-Lieut. G. Travers, M.A., M.D., is promoted to be Surgeon-Captain on the Bengal establishment.

Miller, A., M.B., is appointed Surgeon-Lieut. and posted to Madras.

GAZETTE REPORTERSHIPS.

In the Medical Out-Patient Department.—Mr. W. N. East.

In the Surgical Out-Patient Department.—Mr. P. C. Higgins.

In the Post-mortem Room.—Mr. R. Howard.

Birth.

HODGSON—On September 28th, at Blisworth, Northampton, the wife of Harold Hodgson, M.B., B.S. Lond., of a son.

Ed.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Calendar of Coming Events.

Oct. 24.—Mr. Howse's take-in; Dr. R. W. Mayston and H. W. Allan; Cl., E. Fisk.
8 p.m., Smoking Concert.
Last day of entering names for Fellowship Examination.
U. H. H. & H.—Ordinary run, Chingford.
Clinical Lecture by Dr. F. Taylor.
G. H. R. F. C.—I. Old Leysians, away.
II. Old Leysians "A," home.
G. H. A. F. C.—I. Croydon Park, away.
II. Croydon Park, home.
" 26.—Final M.B. Lond. Exam. begins.
" 28.—Mr. Colley's take-in; Drs. W. J. Lindsay and W. C. Millward; Cl., A. W. Ormond.
1.30, Clinical Lecture by Mr. Davies-Colley.
G. H. R. F. C,—I. Croydon, away.
" 29.—G. H. C. U., W. Shrimpton, Esq., an Address.
" 31.—U. H. H. & H.—Ordinary run, Chingford.
G. H. R. F. C.—I. Cardiff, away.
III. Beckenham, away.
G. H. A. F. C.—I. Ewell, home.
II. Ewell, away.
Clinical Lecture by Dr. F. Taylor.
Nov. 2.—Last day of applying for form of entry for M.D. and M.S. London.
" 4.—Clinical Lecture by Mr. Davies-Colley.
G. H. A. F. A.—I. Cheshunt, home.
" 5.—Rev. Walter Horne.—An address.
" 7.—Clinical Lecture by Dr. F. Taylor.
7.30 p.m.—Debating Society.

Guy's Hospital Gazette,

OCTOBER 24, 1896.

A Scheme for Co-operation in Practice.

A new scheme has recently been put forward both in the *Times* and *Lancet* which endeavours to adjust many of the difficulties that at present beset hospital and private practice. It seeks to benefit the general practitioner by preventing the abuse of the hospitals by patients whose wounds and private means would both allow of private treatment; by enabling him to use the hospitals for consultative purposes without the fear of losing his patients; by increasing the total amount paid by the public to the profession; by distributing that amount in such a way as to encourage competition in skill and attention but not in advertisement; by giving him greater liberty of choice in his practice, and by relieving him of all the labour and difficulty of collecting fees from the poorer class of patients. To the hospitals and medical schools it holds out the prospect of preventing the overcrowding of the out-patient department, and the choice of treating or dismissing patients without fear of injuring the practice of medical men outside; while it will induce medical men to send them all their difficult cases for the sake of advice. For the general public it would provide a free choice of doctors without consideration of fee; provident payment during health in the place of massed payment during sickness; a graduated scale of payment according to income and circumstance; and a certainty of good attendance without the necessary publicity of hospital treatment, and without the risk that the medical man will diminish his visits where his patients' incomes would seem insufficient to justify them. Finally, the system offered is voluntary and adjustable, and can, it is urged, be put in practice at any time without the enactment of any measure by Parliament.

According to this scheme, any number of medical men who desired to adopt it in a given locality, would form themselves into an association, and undertake to treat no private and

independent patients for less than a certain fixed fee. Patients who were unable to pay this fee would be refused attendance (except in urgent cases), unless they consented to join the provident scheme of the local association. A committee would be appointed to consider the means of each patient, and to arrange a sliding-scale, similar in principle but juster in detail than that now used by many provident dispensaries, and weekly or monthly payment would accordingly be made to the business officers of the association. Every person that conformed to this arrangement would be given two tickets, one to be kept as a guarantee for treatment, the other to be given up to the first doctor he chose to call in. The holder will be allowed free choice of any doctor in the association. This choice, once made, must be adhered to for a fixed space, for three or six months, at the end of which time the ticket will be renewed and fresh choice will be allowed. At certain intervals, members of the association will send in to headquarters the tickets they have received, indicating the number of patients they have treated, and the profits will be divided rigidly in this proportion.

It will be seen that in this way, the public is sharply divided into three classes: the private patient, the provident subscriber and the pauper. The hospitals will be asked to refuse attendance to any who do not either in the first case, bring a letter from their medical attendant; in the second, exhibit their tickets as subscribers to the provident fund; or in the third, produce a request for treatment from the relieving officer.

Let us now examine the proposed results of such a scheme. If it were thoroughly carried out, no patient could use the hospitals without having qualified himself for treatment by consulting some medical man, subscribing to the provident fund, or applying to the poor law authorities. This being the case, it would not matter to the practitioner whether the patient went to the hospital or no; he would be paid in either case. At the same time, his remuneration in any case being assured, he would have no hesitation in sending the patient up to the hospital for a second opinion or for advanced treatment; and the hospital authorities would have no hesitation in their turn in sending the patient back again, if they thought his case not sufficiently difficult or interesting to warrant special treatment. Doctors in practice would further benefit, according to the author of the scheme, by the increased amount paid in periodic provident subscription. The amount fixed would be gradually raised by the members of the association to the level which they considered reasonable; and that amount would be distributed according to the number of patients seen each quarter by each doctor, corresponding with fair accuracy to the amount of work done by each. As the patients are to have free choice of their medical attendant, this method of distributing the profits would, incidentally, tend to encourage skill, energy, sympathy, tact, and indeed all the desirable qualities in the professional man, at the expense of advertisement and quackery. The scheme would also give the doctor an opportunity for refusing over-exacting patients, while it would relieve him of all the difficulties of dealing financially with that class of patients with whom dealing is most difficult. The hospitals and schools would benefit in being free powers of discharging uninteresting and simple cases unworthy of their consideration, and in having, practically, all the rare cases in the neighbourhood sent up to them for consultative purposes.

The general public would profit in having a free choice, apart from payment, of all the best doctors in the neighbourhood, except for such as took only private cases. They would pay during health, and so have means for the support of their families in the difficulties of sickness; their payments would be proportional to their means, and they would always have the option of paying the full fee of private patients if they wished to avoid investigation into their affairs, or, on the other hand, of applying for free relief to the poor law authorities. If, however, they subscribed to the provident associations, they would have some hold over their medical man, whether they were poor or not, as they would always be able to exchange doctors at the end of some fixed period, and so deprive a negligent or unskilful man of their ticket.

Such are the main outlines of the scheme, as we understand them. Further details have of course been omitted lest they should complicate matters, but there are sure to be many points that would require careful attention and elucidation before the whole could be adopted. But most of the objections to the scheme appear to be met by the case of the existing provident dispensaries, which work on very similar lines and appear to give satisfaction. Notably is this the case in the matter of the determination by a committee of the subscription to be paid by each patient. If this is feasible under the present conditions, it would be feasible also under the proposed scheme. Similarly a serious difficulty would appear to be the degree of authority that such an association could exercise

in collecting subscriptions. Many cases would have to be seen whether they had subscribed or not; and although according to the rules all such cases would be reported to headquarters and further treatment refused, there are many medical men that could never be sufficiently strict in refusing subsequent treatment to suffering patients whose friends refused to subscribe. But this difficulty also is presumably encountered and certainly overcome in provident dispensaries at the present time.

The danger and main objection would seem to be that the working of the scheme depends on the straightforward and consistent co-operation of a majority, at least, of medical men in any given locality. If they could but see their own advantage, many localities would be only too glad to adopt such a scheme as this, if only on trial, in the hope that it might end a situation, which, as most men in practice consider, is well-nigh becoming intolerable. But medical men, as a rule, whether from fear and jealousy or from conservative instinct, or from a hatred of business-like and formal methods, seem to shrink from any form of co-operation, and we doubt whether for the present they will be induced to initiate and carry through so radical a scheme. On the surface it certainly appears somewhat unpleasantly formal and business-like, seeing that the practitioner always tries to sink the commercial aspect of his profession in the humane; but in modern days of more elaborate living, and consequently greater struggle for existence, it is necessary to economize and arrange, and we would commend the above proposals to our readers as an honest attempt, worthy of success, to remedy the difficulties of practice, and so put an end to a state of affairs which will otherwise require drastic treatment. The scheme has been modestly put forward, and the suggestion made by the author at the end of his article in the *Lancet* of October 3rd, might well be adopted at once, namely the appointment of a public committee which should enquire into its possibilities and offer solutions of the minor problems that would suggest themselves during the course of the enquiry. No such comprehensive scheme has hitherto been put forward to solve the many difficulties that beset the profession on every side, and it is to be hoped that Guy's men in our own correspondence columns and elsewhere, will do their utmost to make use of what is valuable and to expose what is futile in the system that we have endeavoured to lay before them.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	13.	Mitral regurgitation. ? Renal.
	14.	Mitral stenosis and regurgitation.
	20.	Pericarditis. Mitral regurgitation.
	29, 36.	Mitral stenosis.
	35.	Mitral regurgitation.
	43.	Chlorosis.
Philip	1.	Aortic regurgitation.
	3.	Tricuspid regurgitation.
	9, 19.	Aortic regurgitation.
	13.	Mitral regurgitation.
	24.	Morbis cordis (no murmur).
Stephen	21.	Pernicious anæmia.
	29.	Mitral regurgitaiion.

Nervous System.

Mary	3.	Right hemiplegia.
	7.	Right hemiplegia and aphasia.
	10.	Peripheral neuritis.
	11.	Cerebral tumour (successful removal).
	12.	Chorea.
	22.	Cerebral syphilis. Gumma of right crus. Paralysis of right third nerve, and left arm and leg.
	23.	Disseminated sclerosis.
	28.	Left hemiplegia.
	42.	Peripheral neuritis.
Philip	10.	Left hemiplegia.
	30.	Tremors.
Stephen	1.	Wasting of thenar and hypothenar muscles. Left ptosis. Paralysis of right external rectus.
	6.	Cerebral syphilis.

Alimentary System and Abdomen.

Mary	1, 9, 15.	Gastric ulcer.
	4.	Ascites. Malignant peritonitis.
	6.	Abdominal abscess.
	8, 26, 32.	Carcinoma of stomach.
	21, 30, 49.	Gall-stones.
Philip	28.	Gastric Ulcer.
Stephen	15.	Tuberculous peritonitis.
	17.	Cirrhosis of liver.
	37.	Carcinoma of stomach.

Typhoid Fever.

Mary	5, 34, 39.
Philip	2, 4, 15, 22.
Stephen	5, 33.

Respiratory System.

Mary	16, 25, 37, 48.	Phthisis.
	44.	Bronchitis.

Mary 47. Cavitation right lower lobe of lung. ? Empyema opening into lung.
Philip 5, 18, 21, 33, 40. Phthisis.
12. Bronchitis and Emphysema.
20. Pneumothorax.
37. Left pleurisy.
Stephen 4, 24. Phthisis.
13, 14, 25. Bronchitis.
40. Phthisis.

Genito-Urinary System.

Mary 38. Albuminuria. Chronic nephritis.
Philip 5. Lardaceous kidneys.
7, 26, 27. Chronic tubal nephritis.
29. Renal calculus.
Stephen 2, 34, 35. Chronic tubal nephritis.
28. Acute nephritis.

Miscellaneous.

Mary 17. Exophthalmic goitre.
18. Acute Rheumatism.
27. Raynaud's disease.
33. Psoriasis.
Stephen 23. Tuberculous glands.

In the Surgical Wards.

Cases under Mr. Howse.

Naaman 1. Suppurating corns.
8. Chronic abscess on chest wall.
10. Stricture of urethra.
15. Ischio-rectal abscess.
Charity 3. Fractured patella.
6. Talipes equino varus.
8. Talipes equinus.
16. Tuberculous knee-joints.

Cases under Mr. Davies-Colley.

Luke 2. Necrosis of tibia. Ankylosis of knee and ankle.
3. Necrosis of femur.
4. Congenital inguinal hernia. Radical cure.
11. Painful micturition. ? Enlarged prostate. Calculus.
21. Syphilitic ulceration of palate, pharynx, etc.

Cases under Mr. Lucas.

Job 5. Talipes equinus.
8. Reducible inguinal hernia.
17. Hæmatocele.
20. Enlarged prostate.
22. Varicose veins.
25. Subcoracoid dislocation of humerus, three weeks old.
Lydia 10. Fractured patella.
11. Vesical calculus.
Charity 3. Fractured patella.
Accident 17. Fractured patella.

Cases under Mr. Golding-Bird.

Accident 25. Fractured patella.
Cornelius 4. Dislocation inwards of ankle-joint.
Martha 2. Tuberculous metacarpus.
3. Acute synovitis of knee. ? Tuberculous, gonorrhœal, etc.
7. Abdominal injury. Injury to kidney. Hæmaturia.
16. Large swelling over deltoid muscle. Abscess communicating with shoulder-joint. Old disease of shoulder-joint.
20. Acute inflammation of knee-joint. ? Gonorrhœal or puerperal.
Lazarus 6. Umbilical hernia. Radial line.
15. Encysted hydrocele of testicle.
—. ? Small cyst in head of epididymis. Varicocele.

In the Out-Patients' Department.

WITH DR. SHAW.

The first case was a small boy with congested cheeks and blue lips, suffering from dyspnœa, without pyrexia. His heart was very large, and there were both presystolic and sytolic bruits at the apex. There was no aortic regurgitation, and in the absence of this cause for so great an enlargement of the heart, the question of adherent pericardium was discussed. The classical signs were absent, but this was not considered to negative the condition. There was no history of acute rheumatism or chorea, and the frequency with which rheumatism in childhood may be overlooked owing to the slightness of the arthritis was commented on. There was considerable dulness at the left base, and the members of the class mentioned œdema of the lung, brown induration, pleuritic effusion and compression by an enlarged heart as possible causes in a case of cardiac disease. The two first were excluded, as the condition was strictly unilateral, and absent breath sounds with diminished voice sounds and t. v. f. being observed, a diagnosis of effusion was made. The condition being unilateral was looked upon as an indication that it was an inflammatory effusion, such as hydrothorax, an opinion that was confirmed by the absence of other signs of venous stasis. The explanation of the pleurisy was sought in a rheumatic tendency, and was considered to add weight to the idea that the mitral endocarditis was of similar origin. The case was admitted.

Another interesting case was that of a fisherman who, while on a voyage for his health from Aberdeen, came for a confirmation of his doctor's diagnosis that he had a thoracic aneurysm. He suffered from pain, dyspnœa, and cough symptoms, which had been greatly relieved, as his doctor reported, by treatment with Iodide of Potassium and Perchloride of Mercury. The patient himself described a very obvious pulsating tumour in the neck, just above the sternum, which had entirely disappeared under treatment. Many were the suggestions

offered to explain this transient swelling, but in the absence of any trustworthy information as to its nature no conclusion was arrived at. The clerk described his cough as "typically brassy," an opinion in which all concurred. The laryngoscope showed that both his cords moved perfectly, and disproved the view held by some of the class that a "brassy cough" depended upon recurrent laryngeal paralysis. That the two conditions are often co-existent was admitted, but tracheal pressure appeared to be the essential factor in producing a brassy cough. There was some increased dulness over the sternum, and the superficial veins were much dilated, there were no other signs of aneurysm, except a doubtful inequality in the two radial pulses.

In the "Charity."

September has been a busy month in this department, 307 cases having been attended.

Forceps were applied six times—in all cases the patients were primiparæ. In four of these everything was straightforward, but the patients were getting exhausted from prolonged labour.

The fifth case was a R. O. P. presentation, in which the usual rotation had not taken place, and the head had become impacted in the pelvis. The head was delivered after prolonged traction with forceps with the occiput posterior.

In the sixth case abdominal section had been performed five months previously for the removal of an ovarian tumour, and, as labour was protracted, forceps were used to prevent the scar giving way. Unfortunately there were three deaths amongst the mothers; all of them, however, appeared to be unavoidable as far as the externs were concerned. There were three cases of antipartum hæmorrhage:—

I.—E. D.; 39. Fourteenth confinement. On September 7th, when she considered herself rather more than eight months pregnant, and without any previous accident, she was seized with sudden and severe hæmorrhage. On arrival of the extern at 4.15 p.m., she was seated in a chair, very pale and collapsed, and still bleeding slightly. On vaginal examination, os admitted two fingers. Placenta could not be reached. Vertex presenting. The uterus was much anteverted, and the cervix was, consequently, high up. An attempt was made to put in a Champetier de Ribe's bag, but before it could be fully distended with fluid it was expelled. As there was then very little bleeding, the os was dilated by the fingers, passed up in the form of a cone. The pains were feeble. The child, which was dead, was born about 10 p.m. Patient made a good recovery. This was probably a case of placenta prævia, with the lower edge of the placenta attached just within the dangerous area.

II.—E. H., 30. Fifth confinement. Pregnancy had almost reached full time. Patient gave a history of hæmorrhage at the end of both the seventh and eighth months; also again a week before the present occasion. She did not seek advice as it was only slight. At 3 p.m. on September 18th, she lost about a pint of blood; at 11 p.m., she felt slight pains and bleeding returned, so extern was sent for. On arrival, pulse 134; os admitted one finger; head could be felt presenting through the placenta, which covered the os. As there was no bleeding then, opium was given, and patient was watched. At 8 a.m. on September 19th, os admitted two fingers, pains almost absent; placenta was separated with the finger around the os. A Champetier de Ribes' bag was put in uterus, and gradually distended with fluid. The bag was expelled at noon. As placenta considerably overlapped os, and head could not be made to engage in pelvis, podalic version was performed. Membranes were then ruptured, and one leg brought down, and in this way a dead child was delivered. Although patient lost a good deal of blood, she made a good recovery.

III.—Was one of marginal placenta prævia. Edge of placenta could be felt about one and a half inch from external os. Hæmorrhage occurred at onset of labour. When the Charity arrived, os was almost fully dilated, so membranes were ruptured, and ext. ergot. liq. ʒj. given. A child, in which rigor mortis was marked, was born about an hour later.

(To be continued.)

Guy's Hospital Christian Union.

A most successful meeting of the Guy's Hospital Missionary Society was held on Tuesday, October 6th, in the Court Room, some seventy members being present. The Treasurer was in the chair.

Dr. Lankester, who addressed the meeting, first spoke of the great progress of medical missionary work during the last few years, and gave a few details concerning the beginning of medical work by the Church Missionary Society. In 1840 Dr. Ilott went to West Africa, "his immediate duty being to attend medically on the members of the mission, connecting therewith such catechetical instruction of the people as was consistent with his medical duties and lay character." He only worked for a year and a half. Dr. Ashford went out for two and a half years in 1847 as "surgeon to the Sierra Leone Mission." In 1852 Dr. W. T. Storrs, now vicar of Sandown, offered to the society for missionary service: he was sent to Islington to be instructed in theology, and then was ordained. A few years later another medical man, who definitely offered for medical missionary work, was answered by the following resolution of the committee:—"That the secretaries do explain to Mr. B. that there is no post at present vacant in the society's missions requiring the services of a medical man." In neither case was there any hint that the medical knowledge of these gentlemen was of any use in the mission field. In 1860 Dr. A. A. Harrison was sent out to the Yoruba country "to promote the civilization of the African race upon Christian principles." In 1864

when the Punjab Corresponding Committee asked that Dr. Elmslie might be sent out to Kashmir, at the same time undertaking to provide his salary, the Parent Committee, to use the exact words of the minute, "were willing to make the case an exception to their general practice," and thus the first regular medical missionary of the Society was sent out, and subsequently did noble work in opening the closed doors in that bigoted city of Srinagar. To-day the two Neves have a hospital of their own beside the State leper hospital, which is supported by the Maharajah and managed by them, and the return for 1895 was—beds, 120; in-patients, 1,075; out-patients, 27,260. In China also, at Hang Chow the progress of medical work has made a marked difference in breaking down the pride and blind prejudice against the "foreign devils." In Uganda the increase of Christianity is marvellous. A recent report states that 500 churches were visited within the year, and an average of twenty natives are sent out from Mengo every month to evangelize. In Palestine things are very difficult. The nearer you get to the government of the Turk the greater your difficulties become. The Turk has no difficulty in manufacturing laws on the spot to prevent your working. No medical man is allowed to dispense his own medicines if a qualified dispenser resides in the neighbourhood. Every medical man must take a Constantinople degree, and even soldiers have been placed at the doors of the mission station to prevent patients coming. The only chance a medical missionary has is when the obdurate governor himself gets seriously ill, and then every hindrance is overcome in order that he may not be barred from the latest western treatment and advice. In all Mohammedan lands medical missions are wanted. No public speaking is allowed, no land for building churches can be bought, and they imprison the parents of the children and the children themselves who attend the schools. The speaker gave many other instances of the difficulty of missionary work and the great assistance medical work gives in showing people that the desire of the missionary is to benefit the body, and instruct them that God is willing to cleanse the soul. The first mission hospital was founded at Hang Chow in 1871, and in 1884 only nine Church Missionary Society hospitals existed; to-day we have nine-and-twenty.

A vote of thanks was passed to Mr. Lushington for his sympathy and interest in the doings of the society and the Christian Union, and regret was expressed at his resigning the appointment held so long by him, and with so much honour to himself.

Mr. Lushington in reply said that he had had special opportunities in seeing the value of medical mission work abroad, when in India, and thought that ladies were especially influential in Christian work there. In taking farewell himself of the Society he expressed his regret that he had not done more to help it, and he wished it every possible success in the future. He then, with a few admirably chosen words, presented Miss Bryant with some books, surgical instruments, and a small organ, the gift of the Society.

Miss Bryant, in thanking the Society for their gift and help to her, said that at one time she had great misgivings in facing her work, but that now she had gained confidence, seeing she had faith that God who called her to do this work would sustain her in its difficulty.

The Chaplain then delivered a valedictory address, and special prayer was offered on behalf of Miss Bryant.

Miss Bryant left for Japan on October 9th in the "Australia."

Nursing News.

We wish Miss Florence Cross much success and happiness in her new work in Johannesburg. As is already known, she left Martha ward a few days ago, and in only a few days more she leaves England. Her work was much appreciated, both by the hospital authorities and by the surgeons in charge of Martha ward.

Last Friday we "laid to rest" one of the junior members of the nursing staff. Short as was the time Miss Annie Pinfold had worked amongst us (only five months) she had won much love and respect; and very sincere was the general sorrow when it became known that she had passed away on October 13th. The first part of the burial service was read in the chapel, and the service was choral, by the kind arrangement of the Chaplain. There was a large attendance of sisters and nurses, besides the Medical Superintendent, and many of the resident staff. A further account will be found elsewhere.

Guy's Nurses' Choral Society will commence its practices on Friday, October 23rd, at the usual hour. As there will be no piano at the Home until next week, Mrs. Shaw has most kindly lent her drawing-room for this practice. We are much pleased to be able to add that the valuable services of Mr. Henry Taylor have been secured for the season. The number of names already entered is larger than last year, viz., forty, and amongst them we are glad to note many good singers. Mrs. Pye-Smith has been so good as to resume the position of president, on the unanimous vote of the Society.

GUY'S NURSES' CYCLING CLUB.

We are at last able to announce that the Club cottage is taken, and will be opened by Mrs. Hale-White (our president), on Monday next, at 4 p.m. The South-Eastern Railway Company have been so considerate as to give us a very substantial reduction on the return fare to Lewisham Junction Station, which has made it possible for us to take a particularly suitable cottage, five minutes' walk from the station. We hope to have a large number of friends down on Monday, when the committee will be "at home" to visitors and to all members of the nursing staff, whether they have joined

the Club or not. By a most generous gift from Mr. H. Cosmo Bonsor, the "cycle fund" has been enriched by three machines, besides the two previously bought; so those who do not possess machines of their own will have good opportunities of riding at hand.

Nurses' Choral Society.

Once more the Nurses' Choral Society is on its way, and the evening of October 13th, saw quite a large meeting gathered in the dining-room of the Home to discuss plans for the coming winter. The Matron being voted into the chair, the following regulations were proposed, and finally agreed upon by the meeting:—

1. Anyone working in connection with the hospital shall be eligible for membership.

2. The officers of the Society shall be a president, treasurer, secretary and librarian, who, with one sister, and two nurses, shall form a committee.

3. The committee shall be given the general control of the Society, and make any regulations from time to time found necessary.

4. There shall be no subscription, but at the end of the season, a tax of 1s. or 1s. 6d. shall be levied to cover the expense of music purchased.

5. Practices shall be held every Friday, at the Home at 7.45 p.m.

6. Any member borrowing music for practice, shall leave her name and the name of the piece of music borrowed, with the librarian.

The Society is fortunate in once more securing the able services of Mr. Taylor as conductor, and it is not surprising that, remembering his careful instructions of last session, so many old members' names appear again in the members' list for this year.

Mrs. Pye-Smith has once more kindly consented to undertake the office of president, while Mrs. Shaw has resigned her duties as treasurer to Mrs. Perry.

Sister Cecily was elected librarian, and Nurse Fox, secretary. Sister Minnie, Nurse Berry and Nurse Davidson were voted on the committee.

Thirty-six names have already been placed on the members' list, and it is hoped that still more will join, and help to make the society a success. It is not always easy to attend the meetings regularly and punctually, for all Guy's people lead busy lives, and are apt to be sore let and hindered in their way to the practices, yet with patience and perseverance the Choral Society may still accomplish great things, for has not genius itself been defined as only an "infinite capacity for taking pains?"

The First Examination for the Fellowship will be held on the 12th November, and the Final on the 23rd.

Mr. A. R. McLachlan has been awarded the Hilton prize for dissection, for his preparation of the pharynx as seen from behind.

Appointments.—Externs, for November, 1896.—R. B. Stamford, R. W. Mayston, C. R. Hodgson, F. E. Fremantle, W. C. Milward, and F. J. Nicholls.

Guy's Hospital Debating Society.

The first meeting of this Society during the present session took place on Saturday, October 10th, at 7.30 p.m. Mr. F. G. Hopkins presided. Forty-six members were present during the evening. Mr. R. Howard read the minutes of the last meeting, which were confirmed. The motion for discussion was that "Appointments should be given on a rigid system of merit." It was somewhat unfortunate that at the first meeting of the Society a subject more likely to attract the freshmen could not be put forward, but as the motion announced dealt with the chief question of the day, it was thought advisable not to postpone it.

Mr. G. E. Richmond proposed "That Appointments should be given on a rigid system of merit." He said that students might roughly be divided into four classes—those keen on sport only, who did their work indifferently; those keen on work first, and secondarily on sport; those keen on work only; and those keen on nothing but slacking. It was only fair that a man who gave all his attention and energies to his work should obtain a greater return than the man who expended less of these on it. Another point was that the new system suggested, of being appointed by lot instead of by merit, introduced the element of chance into the giving of appointments, a thing which was under no circumstances advisable. The opposer would probably argue that the new system made all men equal, but the equality was only an apparent one; men were differently endowed by nature, and so long as they had individuality would never be equal. The desire to equalise men was another product of that flimsy Socialism which was so prevalent in the present day. Finally, the speaker said that although he might not be able to bring the eloquence of a Cicero or the logic of a Demosthenes to bear on the question (cheers), he would earnestly ask those present to think seriously before voting, and not to be led away by the specious arguments of the opposer.

Mr. J. M. Fortescue-Brickdale, in opposing, said that he thought there were many good reasons for the inauguration of the system of lot in distributing students to their physician or surgeon and in giving appointments. In the first place, it made all men equal and gave them an equal chance, and, in spite of the assertion of the proposer that the equality was only an apparent one, to him it seemed a very real one. He thought all men had great potentialities, in fact, just as it was said every soldier in Napoleon's army carried potentially a marshal's baton in his knapsack, so it was in the hospital, and the system of lot scattered far and wide to men the opportunities of developing themselves. Under the present system men got into a way of advertising and thinking a great deal of themselves, and the modest, retiring man did not get on; the system of lot would bring forward some of these latter, which would undoubtedly prove to the advantage of the hospital.

Finally, the system of lot had answered very well on the medical side, and there was no reason it should not on the surgical.

Mr. A. W. Ormond criticised the speech of the opposer with regard to the suggestion that all men had equal possibilities and potentialities. He did not think there was any truth in the statement that every soldier in Napoleon's army had potentially within his knapsack a marshal's baton, or any similar affirmations. For instance, we all remembered having read repeatedly in books supplied to us in our younger days that we might become anything we wished if we only worked for it. Experience had since taught us that the coveted office or position required that the occupant of it should have many qualifications which everyone who desired it had not got. The theory assuming the equality of all men could not be supported by reference to Napoleon's army. Finally, all men had not the same possibilities, since they differ so widely with regard to their health, intellect and rank in life.

Mr. H. J. Starling said that it must be remembered in considering the question of giving all men equal chances of obtaining the surgeon they desired that it was to the interest of the hospital to make every man as efficient as possible; the slack men, therefore, ought to be "put on" with the best teaching surgeon. Another way was to divide men into sheep and goats, the twelve sheep should go three to each surgeon, the goats would then be put into the remaining vacancies. Finally, he felt sure there was no better way of settling this harassing question than by lot.

Mr. R. Howard said that he wished to support Mr. Brickdale, though he was not prepared to accept all the principles laid down by the latter. He founded his objection to the motion on the word rigid. In his opinion the enforcement of any rigid rule would mean hardship, and also, if a man were once badly signed up for an appointment, the rest of his hospital career would be spoiled. The men who are best signed up are not necessarily those who are most fitted to fulfil a given appointment—the best criterion on which to go is the opinion formed, by a responsible committee, of the fitness for the appointment of this or that man at the time at which he applies.

Mr. H. W. Bruce opposed the motion because it was impracticable. The motion really referred to the assigning of men, when appointed, to the physician or surgeon whom they wished to go on with. The committee of the Staff could not arrange men of all sorts in rigid order of merit. The respective value of candidates for diplomas at London, Oxford, Cambridge, or the College, etc., would have to be settled. One might put one or two first, or one or two last; but until each qualification had a fixed mathematical value, all those who came between the extremes could not be arranged in rigid order.

Mr. F. E. Walker also spoke on this motion.

The opposer and proposer did not reply, as a further motion was to be put before the house. On a division being taken, the votes recorded were as follows—

For the motion	23
Against	21

The motion was therefore carried by a majority of two votes.

Mr. R. Howard now proposed "That in the opinion of this house the recent proposals with regard to the appointment of dressers to particular surgeons by lot would be detrimental to the interests of the students." The speaker hoped that in bringing forward this motion he would not be accused of inconsistency. He certainly objected to the employment of too rigid a system, but in this special case he was equally opposed to the introduction of mere chance. The appointment of dresser in the form in which it existed at Guy's is one which is quite peculiar to the hospital. Under these circumstances everything should be done to maintain the unique value of this appointment, and the proposals recently made would undoubtedly lessen this. At present each firm has its own traditions, and "firm" patriotism and rivalry are most important factors in maintaining the keenness of the dressers. The introduction of the lot system would mean the abolition of all this, and with it a proportionate loss in interest and energy.

Mr. A. W. Ormond, whilst agreeing with Mr. G. E. Richmond's petition, said some objections might be made to it. Firstly, since so many men applied for one surgeon, obviously almost as many men would be disappointed as would be if a system of balloting were inaugurated. Also, by arranging the dressers indiscriminately a man was thrown in with more of his fellow-students, and so "cliqueism" was diminished.

Mr. H. W. Bruce said he thought that the question was one of the relative merits of the two systems, that at present in vogue and that of lot. The present system was not one of rigid merit, since many men did not get what they wanted, although they were workers, and those who obtained appointments were arranged in no definite way.

Mr. C. E. Carpmael considered it most essential that dresserships should be given for merit as far as it was possible, with a compulsory appointment, but that individual firms should be selected by lot; the main reason for this proposition was the equalisation of the various firms, the composition of which altered considerably from time to time. As to the social disadvantage of the new as compared with the old arrangement, as alleged by a previous speaker, the member addressing the meeting failed to see that any such arose, but thought that any man who was a true Guy's men would have a real good time whatever firm he might be attached to. He was strongly of opinion that the greatest value of the dressers' appointment was the experience obtained in the surgery, and this would be of most value in after-life. Lastly, extension dresserships should be given for merit, especially to those who had proved themselves practical men in the wards, although they may have failed previously in examinations.

Mr. Reaside thought he would fare badly if brought into the hospital injured when a firm composed entirely of slackers were on duty, as might be the case if the suggested separation of workers and non-workers took place. He hoped there would be some good firms on in the winter, for the sake of the "Dis-Guysed" minstrels.

Mr. Harnett said that in all probability if all the dressers to a surgeon were slack, the said surgeon would do everything himself, down to the smallest operation, so the patient would be none the worse off.

Messrs. J. M. Fortescue-Brickdale, G. E. Richmond, W. R. Cazenove and J. T. M. McDougall also spoke on this subject.

On a division being taken, there were 26 votes for the motion and 5 against.

Correspondence.

[N.B.—*The Editor must ask all correspondents to send their names as a guarantee of good faith. Without this, no letter is published in the* Gazette.]

To the Editor of Guy's Hospital Gazette.

Lodging-House Registration.

Dear Sir,—In the last issue but one of the Gazette, I read with pleasure the statement that, following the lead of the Universities, the hospital authorities were about to start a list of registered lodging-houses, whereby the students would be, to a greater or less extent, looked after, and perhaps saved from some of those pitfalls into which so many of the past students of the hospital fell in earlier days.

I entered Guy's in the "seventies."—Fresh from home life, having matriculated at the London University, knowing nothing of the perils of a London life, never having seen such a thing as a card in my father's house, and hardly ever a novel. I took lodgings in Trinity Square, in a house with some three or four other freshmen. What was the result? We spent most of our evenings playing "nap" or "loo." When I ought to have been reading for my prel. sci. exam. I was gambling. The result, naturally, was that I failed to satisfy the examiners, though only in one subject, viz., zoology—and my first year was wasted. I could not afford to spend a second year over the London University degree, and so I dropped out of the list of university candidates, and set to work reading "bones" and dissecting for the "college." I had to cram up in three years the knowledge required for the "college" and "hall," and then passed out of Guy's to earn my own living. Had there then been such a scheme of lodging-house registration in force, as is now suggested, probably I should have been saved from the everlasting shame and regret of knowing that at least a quarter of the four years I spent at Guy's was spent in vain.

Another point I should like to touch upon. I was elected captain of the 2nd XV. for two years in succession —there was no "soccer" team in those days. It was our custom to beguile the time spent in railway carriages on our way to and from the matches in song-singing and story-telling. I regret to say that the songs and stories were, almost without exception, low in tone and utterly devoid of morality. Even after the lapse of all those years, the words of those songs recur to my mind with far greater clearness than any anatomical or other useful knowledge I acquired at Guy's. I trust that with other times other morals have come, and that Guy's men no longer disgrace themselves by indulging in the sort of songs and converse that we then indulged in.

I have two boys growing up, one or both of whom may some day enter Guy's, and I hail with thankfulness the idea that, when that time comes, the boys may be placed under the supervision of some one at the hospital who will help to keep them straight, and prevent them from following in the steps led by their father when a student.

I much regret to see, in your issue of October 10th, a letter signed by so many of the senior students protesting against the proposed system of inspection and registration. To those whose lives are cleanly, and who are spending their time as it should be spent, such a system can have no terrors. To the merely ignorant, or to the evil disposed, it should prove a very great blessing. I hope and trust that the authorities will adhere firmly to their proposed plan in the interest and well-being of many future generations of students. Apologising for the length of this letter,—I am, etc.,

PATERFAMILIAS.

Dear Sir,—With regard to the new regulations for landladies, is it not obviously absurd to expect them to report any students living with them for any breach of rules, knowing that almost certainly the students would move elsewhere, and thus put a premium on unregistered houses? I have no doubt, from experience, that a great many, if not the majority of landladies, would sign the rules without the slightest intention of carrying them out, and that being the case, what is the use of having the rules at all. I quite agree with the periodical inspection of the rooms for cleanliness, etc., but as for the other part of the business it is absolutely ridiculous.—I am, yours, etc.,

COMMON SENSE.

Sir,—I have read with peculiar interest the correspondence published in your issue of October 10th, on the subject of lodging-house registration. Therein are expressed the views of the Dean, as contained in the circular; those of students of standing, as embodied in the protest; and your own editorial note, supporting certain of the proposals in the interests of the "fond parent." An expression of opinion from that long-suffering class of "relieving officer" seems not

impertinent; and, as one such, whose family has for many generations been associated with Guy's, as having a son there at present, and as having had supervision of large numbers of young men of many classes and nationalities, my views, I trust, may be worth consideration. The proposal as to registration appears to me to be an excellent one; well do I remember the infinite trouble and anxiety I had some years ago in securing suitable accommodation for my son, an anxiety increased by the fact that I was going abroad immediately. Some such system of registration would have been a godsend to me then, and I would gladly have paid, as I am sure most parents would now gladly pay, any fee required to meet the expenses; and from them such fees could be more conveniently and appropriately collected than from the householder. But, I must add, that, had any such system as that of paragraph 3 then obtained, the family traditions and sentiments notwithstanding, I should never have subjected my son to the indignity, but should have been reluctantly compelled to place him elsewhere.

The Dean's proposals had best stop short at registration; but if he desires to go a step beyond that, I hold he should report confidentially to parents on landladies; and some very valuable, interesting, and in some cases even romantic reading will result. As it is, he should make himself intimately acquainted with the idiosyncracies of landladies, so as to give proper weight to their reports.

In my humble opinion, the proposals contained in paragraph 3 are impracticable and pernicious; not only will they defeat the object in view, but must lower the status of the whole body of students. A long experience has taught me that the morals of young men can be safeguarded by one method only, an exhibition of implicit confidence in the men, and the good tone among them that such an attitude induces; with a close, frank association with them. The dissipated man will report far more accurately on himself than his landlady can do.

In your editorial note you say, "The protestants, being almost without exception senior men, object to their doings away from the hospital being enquired into by the authorities." I read the protest as being framed on far broader and higher bases. Senior men have little to fear; they speak also for junior men, those of little status; and the protest was made, I am informed, at a time when many others, being absent during vacation, had no opportunity of making their views known. So long as your medical school contains men, who, under trying circumstances, have the courage to express their opinions, its tone will be healthy.

A tactical error has been made, let this be frankly admitted, and acted upon; then, with the co-operation of the senior students, there need be no fear of the reputation of Guy's school degenerating. I enclose my card. FOND PARENT.

October 12th, 1896.

The Entrance in Newcomen Street.

Sir,—Might I, as one of those who live on the south-east side of the hospital, point out the inconvenience which is caused by having the back gate in Newcomen Street shut, as it takes at least four or five minutes longer to go round to any other entrance. If it could be arranged that the gate should be opened from 8.50 to 10 o'clock in the morning, I am sure it would prove a boon to many who, like myself, have to attend early morning lectures.—I am, yours sincerely, C. E. B.

Sir,—Is it not possible that some arrangement could be made with regard to the closing of the entrance to the hospital in Newcomen Street? For since the closing of that gate all the students living on the south-east of Guy's must either go right round to the entrance opposite the College, or else to the front entrance in St. Thomas's Street, which makes some considerable difference to those attending the early lectures, and five minutes longer in the weather we are having at present is by means to be despised.—From yours truly, A SUFFERER.

The Services.

(*From our Special Correspondent*).

ARMY MEDICAL STAFF.

Changes of stations during the past month.

Surg.-Capt. C. P. Walker, M.B., from Portsmouth to Parkhurst.

Surg.-Lieut. C. M. Fleury, from Netley to Bombay.

" " F. S. Brereton, from Aldershot to Chester.

The winter session of the Army Medical School, Netley, commenced on October 1st, and Mr. C. H. Lincoln, surgeon on probation for the Indian Medical Service, is the only Guy's man at Netley in the present batch.

The *Army and Navy Gazette* of 17th October, states that "the five years' tour for India is to be restored before another year is out." This periodical also states that "the Director-General of the Army Medical Staff authorizes principal medical officers of districts to employ as many retired pay medical officers in their districts as they can get, to complete their respective establishments." This is no doubt due to the establishment of the A.M.S. being so greatly under strength at present.

In giving the list of old Guy's men serving in the Army, I omitted to mention the name of Lieutenant F. B. Morley, 1st Battalion the West India Regiment. This officer found after a few years' study at Guy's that he had no great taste for medicine, and was successful in obtaining a West India cadetship at Sandhurst, and on completing the course there, was gazetted to his present regiment. He wears the West Coast of Africa medal. We are sorry also to have omitted Surg.-Lieut. Col. J. S. Wilkins, D.S.O., Bombay, Superintendent of Matheran; Surg.-Capt. G. T. Birdwood, M.A., M.D.

The last rumour I have heard states there is to be a new warrant for the Army Medical Staff after all, and that it will appear shortly. *Nous verrons.*

INDIAN MEDICAL SERVICE.

The Professorship of Materia Medica, Calcutta Medical College.

Surgeon-Lieutenant-Colonel E. G. Russell, Civil Surgeon, Dacca, has been appointed successer to the late Dr. McConnell as Professor. Dr. Russell joined the service in 1872, and has served on general and military duty in various officiating appointments. He was Civil Surgeon at the following stations: Patna, 1890; Darjeeling, 1892; and Dacca, 1894. He is the author of a work, *Malaria and Injuries of the Spleen.*

A Suggestion.

As a way of showing our loyalty and respect for our new President, H.R.H. The Prince of Wales, would it not be possible for Guy's men to endow a cot or bed to celebrate next November 9th, the first birthday of H.R.H. since becoming President?

GUY'S MEN IN THE NAVAL MEDICAL SERVICE.

Deputy Inspector-General Thomas H. Knott.
Fleet-Surgeon S. H. Home, "Edinburgh," Queensferry
" " W. E. Bennett, Sheerness Dockyard.
Staff-Surgeon J. Dowson, "Basilisk," South East Coast of America.
" " E. R. D. Fasken, "Polyphemus," Mediterranean Squadron.
" " A. M. French, "Clyde," Aberdeen.
" " E. J. Morley, "Pique," China.
" " H. R. Osborne.
" " A. G. Wildy, "Cruiser," Mediterranean.
" " E. H. Williams, "Gibraltar," Particular Service Squadron.
Surgeon H. S. Archdall, "Excellent," Portsmouth.
" A. P. Bankart, "Vivid," Devonport.
" C. M. Beadwell, Royal Naval Hospital, Haslar.
" W. J. Bearblock, Naval Hospital, Plymouth.
" W. Bett, "Halcyon," Channel Squadron.
" L. Bidwell, "Alacrity," China.
" A. G. W. Bowen, "Partridge," North America.
" R. H. J. Browne, "Royal Arthur," on passage home.
" S. Croneen, Royal Naval Hospital, Haslar.
" John Dowson, "Basilisk," South East Coast of America.
" M. P. Jones, "Wanderer," Portland.
" A. E. Kelsey, "Daphne," China.
" F. D. Lumley, "Pigmy," China.
" G. McGregor, "Victory," Portsmouth.
" W. J. Maillard, "Excellent," Portsmouth.
" H. B. Marriott, "Wild Swan," Pacific.
" P. M. May, Naval Hospital, Hong Kong.
" E. D. Minter, "Rupert," Gibraltar.
Surgeon E. P. Mourilyan, Royal Naval Hospital, Gibraltar.
" H. R. Osborne.
" W. W. Pryn, "Orlando," Australia.
" P. N. Randall, "Duke of Wellington," Portsmouth.
" J. C. G. Reed, Royal Naval Hospital, Haslar.
" N. L. Richards, "Edgar," on passage home.
" Gerald Sichel, "Gibraltar," Zanzibar.
" E. S. Tuck, "Vivid," Flag Ship, Devonport.

Obituary.

John Dixon.

It will be with sincere regret we hear of the death of Dixon, which took place at his home on Monday, October 19th, from phthisis, after a long illness.

He will be last remembered as dressing for Mr. Howse, from February to April of this year. Towards the end of his appointment he contracted a severe cold, and though the weather was of the coldest, he remained at his post with that tenacity which has characterised his whole career at Guy's. For days together he did his work with a temperature which varied between 102° and 103°, and at the end of his appointment was compelled, though much against his will, to take a month's holiday in the country. He derived but little benefit from this rest, and in June was compelled to take to his bed on account of pleurisy with effusion, for which he was attended by Dr. Goodhart. Both sides of the chest were affected in turn, and his condition gradually grew weaker until his death on Monday.

Perhaps the most notable feature of his career at Guy's was his connection with the Volunteer Medical Staff Corps, in which he held the rank of sergeant. But a fortnight ago his father, Dr. Dixon, of Bermondsey, told the writer that as a child nothing pleased poor Dixon so much as to marshall his schoolfellows and put them through their drill; whilst at the age of 15 he was quite competent to take charge of the company of cadets (3rd East Surrey), to which he belonged before entering the hospital.

There was no nonsense about "Sergeant John"; whatever his hands found to do was done with all his might, as all who came in contact with him, either in the wards or in the corps, can testify. He had profound respect for discipline, civil and military, and always acted up to what he preached.

As regards military matters, he again reminds us that if a thing is worth doing, it is worth doing well. He could enumerate every regiment in the British army, and give a minute description of its uniforms. From the time he entered the corps in 1892 until his death, he has striven, with success, to uphold its honour and the honour of Her whose uniform he wore. The hospital has lost a loyal son, and the Queen a loyal subject. The funeral, which will be of a military

character, will take place on Monday, the interment being fixed for 2.30 at Nunhead Cemetery. Our deepest sympathies are with his sorowing family in their bereavement. H. S. T.

Miss Annie Pinfold.

We regret to announce the death of Miss Annie Pinfold, nurse-probationer of the hospital, which occurred from typhoid fever, in Miriam ward, on October 13th. Nurse Pinfold came from Nottingham, where under difficult circumstances she had prepared herself for the nursing profession. She entered at the London Fever Hospital in 1893, and served there for three years before coming to Guy's early in the present year. She was accordingly no novice, and she gave ample promise of becoming as proficient in the technical points of her profession, as she was conspicuous for the higher attributes of personal character that combine to make a good nurse. The first part of the funeral service was conducted in the hospital chapel, with the customary ceremony, on Friday, the 16th, some sixty members of the nursing staff assembling in the colonnade and proceeding to the chapel to join in a fully choral service. The burial took place the same afternoon at Woking.

Novelties.

PHARMACY, MATERIA MEDICA, Etc.

IODOFORM EMULSION.

Iodoform is very heavy and its suspension somewhat difficult. At Guy's it is generally applied with glycerine, but the iodoform soon separates. Mucilage is sometimes used, it is not, however, satisfactory. The following formula gives a permanent emulsion. Iodoform 3, Starch Powder 1, Glycerine 20, Water 12. Mix the starch, glycerine and water together, heat to the boiling point; cool, and then stir in the iodoform.

TASTELESS CASTOR OIL.

It is a curious fact that the word Castor in connection with the seeds and oil of Ricinus, has come to us from Jamaica, in which island, by some strange mistake, the plant was one called *Agnus Castus*. The true *Agnus Castus* is a native of the Mediterranean countries, and not of the West Indies. The plant was termed Ricinus by the Romans on account of the resemblance of the seeds to a little insect bearing the name, which infests dogs and other animals, and whose common name in English is the *tick*. Castor oil has been known from the earliest times, it was used by the Egyptians, in whose ancient tombs seeds of ricinus are in fact met with. Castor oil first appeared in the London Pharmacopœia of 1788; before this period it was scarcely used. As a purgative, Castor oil is the best for producing an evacuation of the bowels in all cases where it is particularly desired to avoid abdominal irritation, especially of the bowels and urino-genital organs. The only objection to its use is its nauseous taste. This taste has been produced during the expression of the oil from the seeds, and its subsequent treatment. An oil can be obtained as bland and pleasant to the palate as olive oil if the expression is done in the cold, and the oil immediately freed from impurities by filtration without heat, in vessels from which air is excluded, and bottled in vacus.

A perfectly tasteless castor oil, which can be administered without any difficulty is made by The British Castor Co., Ld., 47, Victoria Street, Westminster. It is known as "Mitchell's Castor Oil."

THE TREATMENT OF BLACK EYE.

It is stated in the *Canadian Druggist* that the best treatment for black eye is the application of tincture of capsicum mixed with an equal bulk of mucilage and a few drops of glycerine.

Unprofessionalism.

We have received a letter from an old Guy's man, not intended for publication, complaining that one of his own flesh and blood, to wit, another less old Guy's man, has come down into his neighbourhood and is detaching his patients by unprofessional methods. We refrain from mentioning the particular means adopted, for we find ourselves blushing at the thought that the men of other hospitals should know that a former student of Guy's Hospital should stoop so low; yet when we review the subject calmly we find that this man's methods are those sanctioned by the highest standard of *commercial* morality.

To offer a commodity in exchange for something else is an elementary principle of commerce, and neither party to the transaction lays himself open to censure provided he does not deceive nor take advantage of the ignorance of the other. In a community governed by the principles of individualism, the man having the commodity to dispose of need not consider the fact that his next door neighbour is in a similar position. If he does consider it, all the community at large will approve his action if he on their account announces from the housetops that he is willing to take less in exchange than his neighbour. For thus will the buyer be benefited; and buyers are always more numerous than sellers.

Seriously, does not the complaint of our correspondent point to the fact that there is something radically wrong with the system which allows unfettered competition to govern the commercial relations between the profession and the public? The influence of the good opinion of our fellows does not carry far when it is weighed down on the other side by the prospect of starvation. Is the profession overcrowded? The statistics of unregistered deaths and the relative growth of the population and its medical attendants do not point in this direction. Until mutual aid instead of the struggle for existence becomes the guiding principle of our interprofessional relations, such practices as we in common with our correspondent heartily condemn will continue to be regarded by some as legitimate competition.

Passim.

Only recently it was our pleasant duty to chronicle the appointment of Dr. Wilks as Physician in Ordinary to Her Majesty the Queen. We are now able to record a similar recognition of another member of our consulting staff, in the appointment of Mr. Thomas Bryant, M.Ch., F.R.C.S., as Surgeon Extraordinary to Her Majesty, in the place of Sir John Erichsen. In the name of all Guy's men we offer Mr. Bryant our heartiest congratulations on an honour so well deserved at the end of a distinguished surgical career, while at the same time we congratulate ourselves and our hospital on being able to boast of two such distinguished leaders in their several departments as these two officers of the royal household.

Pale death knocks at the door of high and low alike; of the healer as well as of him he tries to heal. During the last week there have been carried off from the whirl of life in Guy's, two who were entering upon their life's work, the one as a nurse and the other as a medical man. Mr. J. Dixon dressed for Mr. Howse last Christmas, and despite urgent signs of phthisis, continued the work of his appointment. A rest and change of air were ineffectual, and he died on Monday at his fathers' house in Bermondsey. Nurse Pinfold was but a new-comer to Guy's, having served as a probationer for some five months before she caught typhoid fever in nursing a case. She was treated in Miriam ward, but the fever had too firm a hold of her, and she died nearly a fortnight ago. The first part of the funeral service was said in the chapel on Friday the 16th. Mr. Gladstone's magnificent epitaph may well be said of either—"He died as a soldier."

At the same time, in Canterbury Cathedral, the funeral took place of the late Archbishop. Archbishop Benson was always much interested in medical charities; and amongst the twenty-five institutions of which he was patron or president, were University College and the London Hospital. On the occasion of the meeting on behalf of Guy's at the Mansion House he was asked to be present, but was prevented by the excessive pressure of his episcopal duties. His tact and sound common-sense, his courtesy and geniality have left an impression which it will be difficult for his successor to equal.

The Guild of St. Luke held its annual service in St. Paul's Cathedral on Wednesday last, at 7.30 p.m. The Cathedral was crowded to its very extreme limit, and some 2,000 or 3,000 persons must have been present. The Mayor and Corporation attended in state; a large number of medical men attended in academic costume; the Gregorian Choral Association with some 200 voices conducted the singing, and the Bishop of Stepney preached. The plain-song and some fine hymns added to the effect of a very imposing ceremony, and the stewards did their work excellently. The only fault to be found is that when five out of six at the festival service of a men's guild are ladies, the intrinsic character of the occasion is entirely lost to sight.

The Bishop of Rochester recently issued a circular to the clergy of his diocese requesting them to emphasize the urgent straits of the Armenian population in Turkey in their sermons on Sunday last. The Chaplain, however, explained in his sermon that he could not accede to the request, for he was by no means convinced that the present difficulties were not initiated by the Armenians; and in any case he feared that such action as that proposed would only help in forcing the hands of the Government towards an European war. He could only join in intercession for them and for all suffering people. His contentions, however, have been almost entirely disproved. Turkish misrule is undoubtedly the primary cause of the present troubles in Constantinople, and both Lord Salisbury and Lord Rosebery have admitted the assistance which the present agitation gives, so long as it remains within moderate bounds, in bringing the Sultan to realize the depth of feeling on the subject in England.

The football teams had a successful afternoon's sport last Saturday. The first Rugby team beat Lennox by 15 points; the second beat Lennox II. by 11 points; and the third, with three men short, drew their game. The only match lost was by the Association team, who played a very good game, except for five minutes, during which three goals were lost against Weybridge, who mustered, it is said, nine international caps and a Cambridge blue.

At the annual seven-mile walking race of the Lee Harriers last Saturday, we were glad to see Dr. H. A. Munro to the front again. Walking with Kuttner for over six miles, he eventually was beaten by less than a minute, and won the

handicap easily. W. L. Baker, of Guy's, came in third, and F. E. Fremantle, fourth, the latter, according to the sealed handicap, being awarded a third prize, which was presented by Dr. Munro. P. G. Mould, of St, Mary's, and J. E. Dixon, the veteran, also won prizes.

The United Hospitals' Hare and Hounds are turning out well this year, and some promising new blood has been discovered. Runs take place from Chingford on Saturdays; train from Liverpool Street, 2.32. Further information may be had in writing, or by application to Messrs. Baker and Balderston.

Those who have not paid their subscriptions to the Clubs' Union and other fees, are requested to do so without delay, before the appearance of the proscription list.

In a leading article, we publish an account of a scheme recently proposed for medical co-operation in practice.

The first smoking concert is announced for this evening in flaming placards by a well-known artist. We hope there will be a good attendance, and that things will go merrily.

Our military correspondent exhibits his patriotism by suggesting the endowment of a cot in Guy's in honour of H. R. H. the Prince of Wales on his approaching birthday. We wish it were feasible, but fear that the pockets of Guy's men and their patience will be well-nigh worn out with the efforts of last summer. And yet we have only £170,000 out of the half-million that is required. It is to be presumed that the office are planning some great descent upon the public at large, for they have lain low for several months now, and they are assuredly not idle.

The entries at the different Medical Schools are issued in to-day's medical press and Guy's have done better than was expected. All over London the entries have gone down, perhaps on account of the five years system; perhaps because of the continued unsettleness of the London University problem. But Guy's has done well, 76 entries being recorded against 50 only last year, and 26 dental students against 35.

The correspondence column is filled this week with two matters of direct interest to present Guy's men. One is the closing of the Newcomen Street entrance, which, as we foretold in our last issue, has been found more especially to affect the habitués of 9 o'clock lectures. It is unpleasant, however, for anyone to be prevented from using the back gate. Could the authorities at least open the Maze Pond entrance for a few hours on Sunday, as has always been the case hitherto?

The other subject of correspondence is the lodging-house registration scheme, on which we publish three typical letters. The first praises it in the strongest terms the writer can find. The second considers it absolutely useless and quite harmless. The third finds it useful in one part, and in the other worthy of the utmost ignominy. We leave our readers to choose between the three, as in practical use of the scheme parents appear to be doing.

Guy's men are always glad to read articles by their own kind in the medical press. Their kind have not been very well represented of late in this way; but two good articles appeared on the day of our last issue, October 10th, in the *Lancet*, by Dr. E. C. Taylor, on "A Case of Recovery after Perforated Gastric Ulcer," and in the *B. M. J.*, by Mr. A. H. Tubby, on "Metatarso-neuralgia." A review of Mr. Tubby's book on Deformities will be found in another column.

In our last issue we gave a list, sent by our special military correspondent, of all Guy's men serving in the Indian or home army. This is followed up in the present issue by a list of all Guy's men in the navy, contributed by our special naval correspondent. It shows that the sun never sets upon Guy's men, and that the Blue Pill still holds its sway in such divers quarters of the globe as Australia and China, South-East America, Canada and the Pacific.

Miss Bryant, late Night-Sister, sailed in the "Australia" for Japan on October 9th.

Clinical lectures during the past fortnight have included two by Mr. Colley on "The Treatment of Bone-Hypertrophy," and on "Derangements of the Knee" respectively; one by Dr. Taylor on "Sarcoma of the Kidney," and one by Dr. Hale White on "Growths of the Pancreas."

According to the *South African Leaguer*, Dr. Dudley Hartley, an old Editor of the Gazette. has pursued not only his professional, but also

his journalistic and political powers, with very good effect in his adopted country. He has founded and edited four medical and general journals, and he has now been elected the first President of the South African League. We hope he will fulfil his position with dignity and honour, and may escape the more awkward episodes of colonial political life.

In the comparative table of new entries at the different English hospitals, for the present session, Guy's stand first with a total of 155 students (including those going for dental and other special courses) as against 143 at St. Bartholomew's and Owen's College, Manchester, 137 at the London, and 125 at St. Mary's. The number of students entering for the full course is 76, a fall of four only on last year, while that at St. Bartholomew's is 84, at the London and Owen's College 74 apiece, at the London School of Medicine for Women 49, at St. Mary's 54, Liverpool 47, St. Thomas's 41, University College 40, Durham 33, St. George's 32, Leeds 28, King's and Charing Cross 24 each, Middlesex 23, Birmingham 22, South Wales 18, Bristol 15. Westminster 12, and Sheffield 9. This does not include Oxford and Cambridge, whose returns are not yet to hand. On the whole the list shows a decrease all round in the London hospitals, in which, however, Guy's has less than its share.

Pass List.

Second Conjoint Examination, October, 1896.

Anatomy and Physiology.

Dismorr, H. B. Foster, H. B.
McIlroy, W.

Physiology only.

Martin, L. C.

First Conjoint Examination, October, 1896.

Chemistry and Physics.

Beasley, C. H. Lee, C.
Wallis, V. M.

Practical Pharmacy.

Attwood, R. D. Falwasser, A. T.
Harvey, W. J. S.

Materia Medica and Pharmacy.

Ashby, E. Davies, W. J.
Smith, W. H. M.

Elementary Biology.

Gater, H. J.

Reviews.

Deformities: A Treatise on Orthopædic Surgery. By A. H. Tubby, M.S., London. (Macmillan.) Price 17s. net.

This new work on Orthopædic Surgery has already been noted in the columns of the Gazette. It has a special interest for us, in that it is written by our late Senior Demonstrator of Physiology, and is inscribed to the author's many friends among the past and present students of Guy's Hospital. The subject is divided into five sections. Of these, the first deals with deformities of the spine, and is perhaps the most valuable part of the book; for the clinical history and treatment of such common diseases as spinal curves, and spinal curvature, are here fully set forth. In the ordinary text-books of surgery the treatment of spinal curvature, such as scoliosis, is dismissed in a few lines; whereas much help is needed by the young practitioner in selecting the appropriate treatment for each case. In the second, third, and fourth sections, the deformities of the limbs and trunk are discussed, and the chapters on the various kinds of talipes are numerous and well arranged. In the last section are placed the so-called congenital dislocations of the hip and other joints, together with the paralytic deformities resulting from cerebro-spinal lesions. The illustrations are very numerous, more than one to every other page, and are quite satisfactory as a whole. Several of the plates are taken from specimens in our museum, and some of these strike us as diagrammatic. Still they serve their purpose. The printing and get-up are excellent. We have no hesitation in strongly recommending this volume to the young practitioner and advanced students for whom it was written.

Diseases of the Ear. By Dr. Urban Pritchard. (H. K. Lewis). Price 6s.

This is a third edition of a small handbook on diseases of the ear, intended for the use of senior students and practitioners, and is included in Lewis's well-known "Practical Series." The work has been carefully revised, and much new matter inserted without, however, increasing the size of the volume to any important degree. This new matter deals chiefly with mastoid suppuration and its formidable sequelæ, the treatment of which has been "revolutionised" of late years. More space has been devoted to the treatment of adenoids, and in the operation for their removal the author recommends the Woodhouse Braine posture, sitting with the trunk and head strongly flexed. As the book has been before the medical public for ten years, the success of the third edition of that which is essentially a very practical treatise is assured.

Acknowledgments.—St. Mary's Gazette. Pediatrics. St. Mary's and St. George's Gazettes. Hospital.

Guy's Hospital Dental Society.

An ordinary meeting of the Society took place on Tuesday, October 13th, at 4.30 p.m., Mr. Wynne Rouw, vice-president, in the chair. The minutes of the previous meeting having been read and confirmed, the following casual communications were brought forward.

Mr. Goadby showed models of V-shaped maxillæ, which he presented to the Society to be placed in the Dental Museum.

Mr. Chatterton showed a model of an antrum case which he had successfully treated.

Mr. Stringfellow brought forward a model showing geminated supernumerary teeth.

The Chairman then called upon Mr. Hounsell for his paper on

MAMMALIAN CUSP DEVELOPMENT.

Mr. Chairman and Gentlemen,—My object in selecting what I fear many regard as an extremely "dry" subject is that many freshmen find great difficulty in grasping the diagrams in Tomes' Dental Anatomy, in addition to which this subject is very briefly discussed in that work.

To many of you my remarks will be old ground, and it is chiefly, therefore, to new students I would address them, and with the hope that I may possibly render more interesting and somewhat clearer this rather complicated question.

The History of Mammalian Cusp Development.

The study of the evolution of the cusps of the human molar has lately received a considerable amount of attention at the hands of odontologists, and although at first sight it appears to the casual observer to be uninteresting, yet upon investigation this does not appear to be the case. At present the literature is very scanty as regards this subject, but work is still being done by many observers, and we hope to soon place this upon a more definite basis. At present one can only enumerate briefly the various theories (which every student of osteology should be acquainted with) that have been promulgated to account for the complex character of human molars.

The following are the principal theories now received.

1. Shape of the condyle and its influence in articulation.

For. As a rule the type of teeth are in accordance with the condyle, *i.e.*, all rodents show an elongated condyle and glenoid cavity antero-posteriorly, and their teeth all present the same characters. Again, in Herbivora the condyle and teeth are adapted to work together to the greatest mechanical advantage.

Against. Some creatures have a milk dentition differing from the permanent, *e.g.*, the Cheiromys of Madagascar, the milk being *lemurine* and the persistent rodent like. How can the condyle influence only one dentition?

2. Multitubercular of Major and Goodrich. That mammals originally possessed a number of cusps, and by a gradual suppression of these the existing forms were derived.

In favour. Some fossil remains, as *Tritylodon*, had as many as nine cusps, whilst more recently the *Urotrichus* with nine cones became seven in the *Mole* and still fewer in the *Chrysochloris;* moreover, the teeth of the *Ornithobynchus* are of a complex character.

Against. The above result might be due to the fusing together of some cusps and not to a multitubercular original type.

3. The Concresence Theory or Atavism of Virchow, recently proposed in Germany by Dr. Cärl Röse of Fribourg, and Professor Kukenthal of Yena. A similar idea was promulgated by Professor Magitot as far back as 1877.

Briefly, this was to the effect that the fusing together of a number of simple cones similar to those of the modern dolphin was the cause of more complex teeth.

Fig. I.—Dolphin, showing alternation of simple reptilian teeth.

In favour. *a.* The gradual shortening of the jaw and a folding of the original tooth-band permitted a cluster of cusps to come closely together.

b. The simpler the type of teeth the more numerous they were. The extinct *Zeugladon* and *Squalodon* had 361 teeth, while our modern dolphin has 200.

Against this theory. *a.* An almost incontestible piece of evidence is brought forward, viz., that at the present time some teeth show an addition of cusps; for instance, the elephant's ancestors, the *Dinotherium* and *Mastodon*, had a total of only 13 and 22 ridges to their respective molars, whilst the Indian elephant has 76 altogether. If the concresence theory were right, one would expect to find a reserve store of conical teeth to increase the cluster, and these cannot be shown.

b. Again, tricuspid teeth are found in the *mesozoic* period. Then we have—

4. Moon's Theory of Dichotomy—that the incisor consists of three denticles for the anterior surface and two for the *Cingulum.* Evidenced by the uneven teeth of children, the lateral had no central cusps, and this, it is possible, might account for syphilis dwarfing the central cones. Of the other incisors, the canine had five denticles, whilst the premolar equalled two canines, having 10 denticles, and the molars had as many as 20. Lastly, we have the—

5. Cusp differentiation theory of Messrs. Osborne and Cope, the one generally received now, viz., that cusps were evolved by the addition to a primative cone of accessory cuspules.

Against. *a.* That some creatures, as before mentioned, having a large number of cusps, show signs of retrogression and diminution.

b. Again, although undoubtedly heredity is a strong factor, yet the habits of feeding and climatic surrounding are stronger in the long run, and if creatures once with simple teeth evolved in after ages complex teeth and then reverted to their original type, then Mr. Tomes observes that their habits of feeding must have altered too. This he thinks improbable, but in view of the remarkable changes of climate that have taken place, this may not be perhaps so great an objection as at first appears.

c. Again, Messrs. Cope and Osborne say that one cone is developed to articulate with another, and suppressed for the same reason; and against this we have the objection that these cusps do not originate simultaneously, and therefore this is an illogical piece of evidence.

d. Recently some complex teeth have been found in the same strata—the *microlestes*—showing one must go further back to find a primitive type. But we must note, only the teeth of this creature were found, and no other portion of its skeleton giving a guide to its family or order.

While considering points in favour of this theory, we may with advantage glance at the surroundings of the early mammals, as it is only thus far I propose to go back, this paper referring to mammalian teeth in particular.

To begin at the beginning we must go a long way back through the *pliocene*, *miocene*, *eocene*, *cretaceous*, *jurassic* and *triassic* periods, an interval computed at not less than ten million years. The *triassic* period is the first in which we find any trace of mammalian life. In the vegetable world we miss the profusion of foliage that characterised the coal measures of the preceding age, and in the animal world the distribution of species was neither numerous nor extensive. It is certain that old lands had passed away and new ones had arisen, and with them a corresponding change of climate.

Amongst reptiles we see the *Labyrinthodon*, with his peculiar *plicidentine* we so well know. He was a creature like a huge frog with a crocodile's head, and also other immense reptiles of a type between a lizard and a turtle called the *dicynodon*, so named from possessing two large canine teeth deflected like our modern walrus.

The footprints of these creatures were imprinted and preserved in the slabs of sandstone as clearly as if it were but yesterday that they tramped over the muddy beach. It is now we find the first traces of a warm-blooded quadruped called the *Dromatherium*, probably insectiverous in its habits, with simple conical teeth similar to our dolphin (plate 1, figures 1–3). Some of these teeth show accessory cusps, which appear to be still growing. We must remember how small these were, the whole jaw being only an inch or so in length.

With regard to climatic influences, the land presented no large hills in the *triassic* period; the rivers were tinged with iron and the climate was probably arid rather than moist, as evidenced by the absence of exuberant vegetation.

We now come to the *jurassic* or *oolitic* period—a far more pleasant epoch, rounded ridges and sloping valleys alternating with wooded gorges. The land simply teemed with every variety of life.

Among fish we find sharks of a type like the *cetacean* of Australian seas, with the strange mosaic pavement-like jaws, and amongst reptiles the *iguanodon* with vaso dentine, the remarkable *ichthyosurous* and the *pterodactyle* like an immense bat. It is therefore not surprising that we still find the mammals little insectiverous creatures with such huge enemies to contend with.

Various types are found:—the *sphalacotherium* like a mole, the *amphitherium* like a *marsupial*, the *amphilestes* and the *anaplotherium*.

The *amphilestes* had the same three cusps, but the lateral cones are higher relatively, so that it may be considered as *triconodont*, and we now see in the *sphalacotherium* the most important of all fossil teeth as illustrating the formation of a triconodont into a triangular tooth, the primitive cone forming the apex of the triangle. Fig. 4, plate 1.

The next stage is the *Amphitherium*, which shows the development of a heel to the triangle, which in the lower articulates with the upper series. Fig. 5, plate 1.

We now have a primitive cone, two accessory cones and a heel, and we shall have to consider this stage later on as marking an important epoch in the articulation.

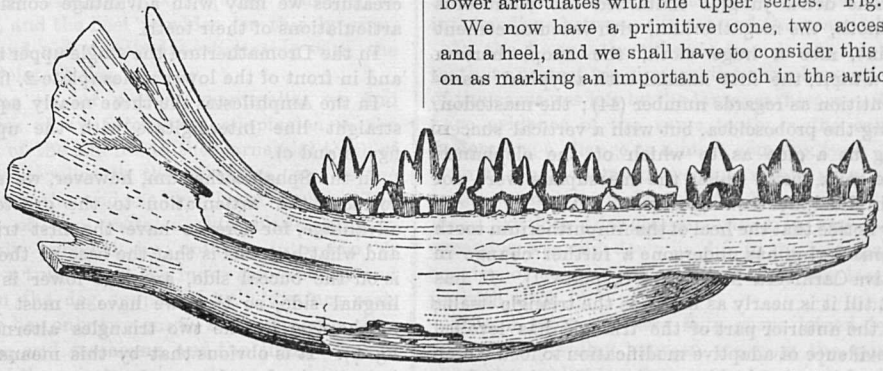


Fig. 2.—Fragmentary lower jaw, Amphilestes, triconodont (3 main cusps in a line).

The next period is the cretaceous, or chalk, with rounded hills and valleys, few or no trees, short sweet herbage and absence of water even in the valleys.

The fish and reptiles are smaller and less numerous, whilst mammals have grown in an inverse ratio.

Passing on to the tertiary system, comprising the eocene, miocene and pliocene ages, with a genial climate, evidenced by the palms and monkeys of the London Basin, the gigantic edentata of South America, and the large marsupial of Australia, we find the shallow seas thronged with marine life, amongst which we note the *Mylobates*, with its peculiar dentine, the Pristis, the *Lepidosteus*, the cusps remind us of an ill-formed human molar (fig. 6a, plate 1).

The Anaptomorphus, an eocene monkey, has three molars showing a loss in some of a cusp from the primitive triangle, and we will presently see this is precisely what takes place in some human molars (fig. 7, plate 1).

The Ice age succeeded this period, and with it a disappearance of the gigantic reptiles and mammals, and in the next post Tertiary period, or recent system, we find the first traces of man.

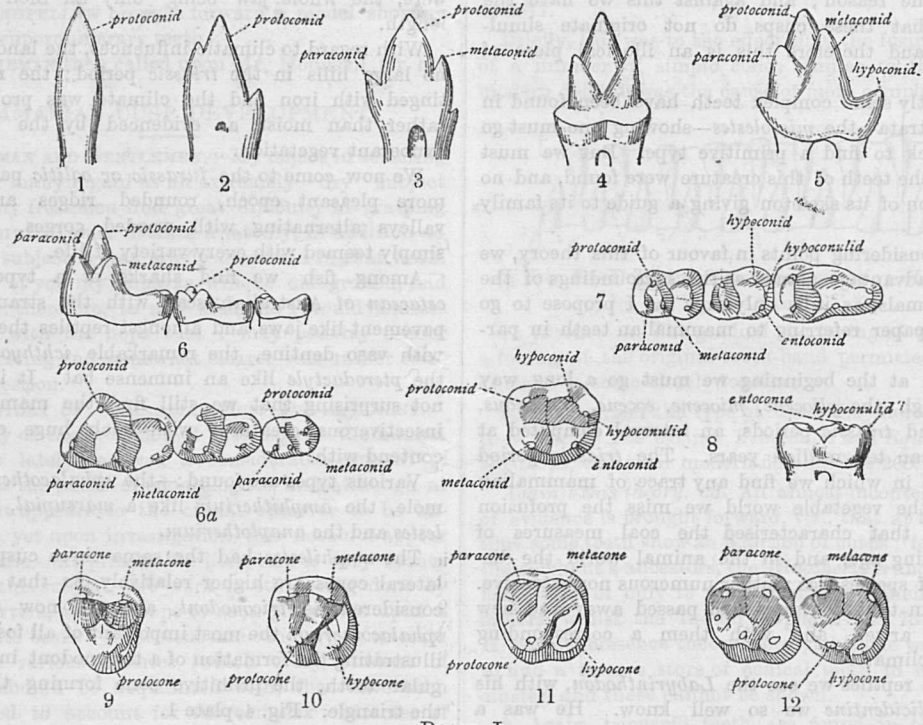


PLATE I.

with plicidentine, whilst in the rivers Hippopotami abound. The dense jungles contained the rhinoceros and mammoth, the megatherium, with vascular cement and dentine, also a huge sloth, the anoplotherium similar to a tapir, the first animal with a typical mammalian dentition as regards number (44); the mastodon, representing the proboscidea, but with a vertical succession giving us a clue as to which of the elephant's molars are milk teeth, whilst the marsupials were not forgotten in didelphys and macropus.

We now notice that the heel of the Amphitherium tooth we were considering has undergone a further change in the primitive Carnivora Miacis (fig. 6, plate 1). It has spread out till it is nearly as broad as the triangle itself; moreover, the anterior part of the triangle has levelled down, an evidence of adaptive modification to food which required crushing, and looking at the surface from above

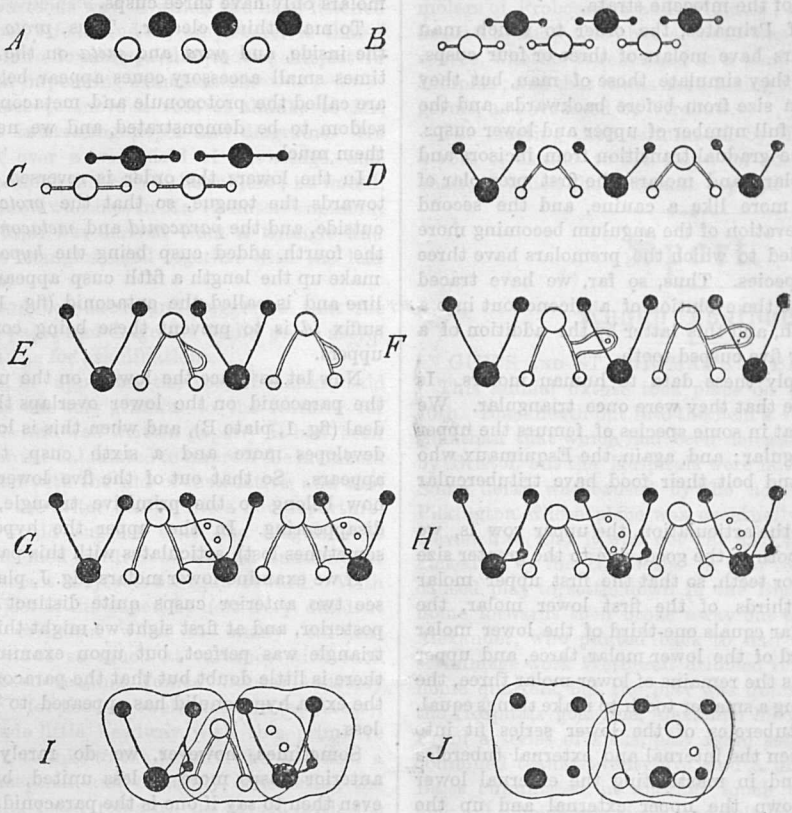
Before quitting the consideration of these prehistoric creatures we may with advantage consider briefly the articulations of their teeth.

In the Dromatherium the single upper row was outside and in front of the lower series (plate 2, fig. A).

In the Amphilestes the three nearly equal cusps in a straight line interdigitate with the uppers (plate 2, figs. B and C).

In the Sphalacotherium, however, we see how Nature corrects the articulation to the greatest mechanical advantage, for here we have the first triangular tooth, and what happens is that the base of the upper triangle is on the buccal side, and the lower is turned to the lingual side, so that we have a most perfect cutting mechanism by the two triangles alternating (plate 2, fig. D). It is obvious that by this means the sharpness is maintained, and were the lower triangles inside the

PLATE II.—MECHANICS OF CUSP ADDITION.



A.—Conical stage, Dromatherium. *B. and C.*—Triconodont stage, Amphilestes. *D.*—Triangular stage, Spalacotherium. *E., F. and G.*—The same with developing heel, Amphitherium. *H.*—Upper and lower molars with triangle and heel. *I.*—The same articulating. *J.*—Human type upper molars (also Fig. 10, 11, 12, Plate I). Human type, lower molars (also Fig. 8, Plate I), the antero-internal cusp having disappeared.

upper as in simple cones in a straight line, the food would tend to force the jaws apart.

The next step is the heel addition of the Amphitherium. Now, why was this developed? We can only argue by analogy that the creatures food required crushing as well as cutting, and the heel provides for this by antagonising with and not merely interdigitating with the upper triangle (plate 2, figs. E, F, G).

Now, referring to our modern mammalia, we find further instances of an interesting adaptation to the food and habits of the animal in the carnassial tooth of Cuvier. This is peculiar to the carnivora, and is the fourth upper premolar and the first lower molar. The crown consists of two parts, a thin blade running antero-posteriorly, divided by notches into two or more cusps and a tubercle on the inner side, shorter and rounder, and in the dog supported by a distinct root. When the blade has only two cusps, as in the dog, they are the paracone and metacone, and the inner tubercle the protocone, of the primitive triangle.

In Felidæ, the cat family, an additional cutting lobe is added, while the tubercle is more rudimentary; whilst in the bear the tubercle is so well developed it is at first sight difficult to call this a carnassial tooth. The bear is more herbivorous in its habits, whilst the dog is intermediate between the cat and the bear.

In the hyæna the tubercle was developed in several teeth, to protect his gums whilst crunching up the bones of the carcasses left by the larger carnivora. So here we have evidence of the same tooth in the same family undergoing a change to a more complex type.

In the hippopotamus we note a very peculiar pattern to the worn-down molar, similar to a double trefoil. It looks like four triangles contained in one tooth. The excessive wearing down is due to the fact that its food consists of aquatic plants whose roots are largely mixed up with sand.

In the tapir we have four cusps joined by a ridge, and a deep valley between marking the quadricuspid character, whilst the first premolar is triangular. It is

remarkable that this pattern has not changed since those of the tapir of the miocene strata.

In the teeth of Primates, the order to which man belongs, the lemurs have molars of three or four cusps, and in the apes they simulate those of man, but they tend to increase in size from before backwards, and the wisdoms have the full number of upper and lower cusps. They also show the gradual transition from incisors and canines to premolars and molars, the first premolar of the orang being more like a canine, and the second premolar by an elevation of the angulum becoming more like a molar, added to which the premolars have three roots in many species. Thus, so far, we have traced from a simple cone the evolution of a triconodont into a tritubercular tooth, and this latter by the addition of a heel into a four or five cusped tooth.

Now let us apply these data to human molars. Is there any evidence that they were once triangular. We have remarked that in some species of femurs the upper molars were triangular; and, again, the Esquimaux who live on blubber and bolt their food have tritubercular molars.

With regard to the articulation, the upper row is, we may say, half a tooth to the good, due to the greater size of the upper incisor teeth, so that the first upper molar antagonises two-thirds of the first lower molar, the second upper molar equals one-third of the lower molar two, and one-third of the lower molar three, and upper molar three equals the remains of lower molar three, the upper wisdom being a smaller tooth to make things equal.

The external tubercles of the lower series fit into depressions between the internal and external tubercles of the uppers, and in masticating the external lower tubercles pass down the upper external and up the inclined plane of the upper internal.

Now let us consider human molars more in detail. Taking all races of mankind, Topinard finds that the first upper molar had four cusps with a well marked oblique ridge in 99 per cent.; upper molar two has four cusps in 66 per cent., and upper molar three has four cusps in 37 per cent., and three cusps in 39 per cent., so that typical upper molars have four cusps, while upper wisdoms oftener have three.

In the lower molars, molar one has 5 cusps in 82 per cent.; molar two has four cusps in 64 per cent.; and molar three has five cusps in 46 per cent., and four cusps in 31 per cent., so that lower molars present four or five cusps as a series, the cusps tending to diminish from before backwards.

To simplify things names were given to these cusps as follows:—

In the uppers the apex of the triangle is formed by the primitive cone, which is named the *protocone*. The base is outside towards the cheek. The anterior cusp being the *paracone* and the posterior the *metacone*. This cusp is joined to the protocone by an oblique ridge, thus forming a triangle (plate 1, fig. 10, 11, 12).

An accessory cone corresponding to the heel we have been tracing up is the posterior and internal cusp, the Hypocone. This is the cusp that is lost when upper molars only have three cusps.

To make things clearer. Thus, *proto* and *hypo* are on the inside, and *para* and *meta* on the outside. Sometimes small accessory cones appear between these, and are called the protoconule and metaconule, but they are seldom to be demonstrated, and we need not consider them much.

In the lowers the order is reversed, the base being towards the tongue, so that the *protoconid* is on the outside, and the *paraconid* and *metaconid* on the inside, the fourth added cusp being the *hypoconid*. Then to make up the length a fifth cusp appears in the median line and is called the entaconid (fig. 1, plate B). The suffix *id* is to prevent these being confused with the uppers.

Now let us place the lowers on the upper and we see the paraconid on the lower overlaps the upper a good deal (fig. 1, plate B), and when this is lost the hypoconid developes more and a sixth cusp, the hypoconulid, appears. So that out of the five lower cusps only two now belong to the primitive triangle, the paraconid disappearing. In the upper the hypocone (which is sometimes lost), articulates with this paraconid.

If we examine lower molars (fig. J, plate B) we usually see two anterior cusps quite distinct from the three posterior, and at first sight we might think the primitive triangle was perfect, but upon examining the fissures there is little doubt but that the paraconid has gone and the extra hypoconulid has appeared to make up for this loss.

Sometimes, however, we do rarely see the three anterior cusps more or less united, but it is difficult even then to say if one is the paraconid.

Now how does this new arrangement articulate. The upper protocone on the inside does not articulate with the lower metaconid on the inside because an upper molar antagonises two lower molars in a normal condition.

In brief, then, we have an upper molar consisting of three primitive and one accessory cusp articulating with part of a lower molar of two primitive and three accessory cusps, in which the two lower anterior cusps correspond to the remains of the primitive triangle, the paraconid having disappeared, whilst when the upper molars present only three cusps the hypocone has been lost.

With regard as to which is the correct theory of those we have noticed, one cannot help thinking that the last, the differentiation theory of Cope and Osborn, is the most fascinating, but further evidence is required to establish it on a perfectly sound basis.

I am inclined to think perhaps we must go back to the prehistoric reptiles, because some of these possessed complex teeth, although the modern reptiles do not. But as far as mammals go, the bulk of the evidence favours Cope's view. The probability is that fresh discoveries of fossils may bring to light the possessor of the primitive type.

In conclusion, gentlemen, I have to tender my best thanks for the courteous way in which you have listened to a very dry paper, I fear, and my only regret is that I have not been able to do more justice to the subject in consequence of an impending examination.

Mr. Goadby rose to move a vote of thanks to Mr. Hounsell for the interesting paper and diagrams. He had taken them over a wide field of knowledge, and personally he felt much clearer on the subject; he would, however, like to know whether, in Mr. Hounsell's opinion, the tooth of the tapir was derived from a triangle and cone, or from two triangles fixed together with the loss of the paraconids.

Mr. Chatterton seconded, and suggested that the publishing of the paper and diagrams would prove useful to students preparing for examinations.

Mr. Musgrove, in supporting the vote of thanks, said that personally he was very grateful to the lecturer for such an admirable and well written paper. It had been delivered in a manner calculated to impress the members of the Society, and with the aid of instructive and well drawn diagrams—the latter being quite a new departure. In passing, he would suggest that the diagrams be handed to our esteemed lecturer on Dental Anatomy for use when this abstract subject is brought forward. With regard to the subject of the paper, he felt very diffident in offering any criticism when so many eminent authorities had views so much at variance with each other. He had been reading Tomes' Dental Anatomy and "My Father" for the last twelve months (applause), but so far had made little headway with this primitive triangle; however, thanks to the lecturer, he had now a much clearer conception, and certainly, considering the evidence of existing fossil remains, he agreed with the lecturer in favouring the Tritubercular theory of Cope and Osborn.

Mr. Ellis had no criticism to make, but he had heard that the condyle had a great influence in the shape of the teeth, and would like to hear Mr. Hounsell's views on that point. (The remarks on the condyle have been added to the paper since the meeting.—Ed.).

Mr. Butler having remarked that a weak point in the theory was the simultaneous occurrence of complex and simple teeth in some of the early periods,

Mr. Hounsell said he was much obliged to them for the kind way in which they had received the paper, and he was delighted to have interested them in the subject. In reply to Mr. Goadby's remarks he could not state definitely the origin of the tapiroid molar, but concluded it arose from a primitive triangle. To Mr. Chatterton —he would endeavour to procure illustrations for the paper, failing which he would be happy to draft the designs for anyone. To Mr. Ellis—that the Lemur (Cheiromys) with two dentitions differing completely disposed of the condyle theory. In reply to Mr. Butler—the fact of simple teeth occurring at the same time as complex teeth did not necessarily prove that those complex organs did not descend from simple cones at a more remote period; for instance, the modern dolphin retains the simple type co-existent with the complex molars of Proboscidea and Primates; and what he most desired to show was that a tooth was derived from one source, whether it remained as a simple cone or became complex; and that it was not a fusing together of separate germs, as advocated by Virchow.

The meeting then terminated by Mr. Ellis proposing a vote of thanks to Mr. Rouw for so kindly taking the chair, to which the chairman replied.

Sport.

Rugby Football.

GUY'S AND ST. THOMAS'S v. BLACKHEATH.

This annual fixture took place on Saturday, October 10th. Blackheath put into the field a very much stronger side than that which had been defeated the week before by Bristol, but the Hospitals were not well represented. Some delay was caused by the non-arrival of W. N. Pilkington whose place was eventually taken by W. H. Devonshire, and it was not till 3.40 that the ball was kicked off by the Hospitals. A poor return by Thomson caused play to settle down in the Blackheath half; the home forwards then broke away but were pulled up by Alexander, who punted back to half-way. After some scrimmage work Wetherell dribbled very neatly into the home quarters, but the play was quickly transferred to the Hospitals' goal line, Alexander having to touch down. From a series of kicks, play again settled down in the combined teams' twenty-five, and a brilliant dribble by Baiss culminated in another touch down. From the kick out off-side was given, and following the scrimmage on the twenty-five line, Latter broke away, but was finely tackled by Grey. Baiss and Cattell, who throughout showed rather poor form, made ineffectual attempts to break away, but were checked time after time by the Hospitals' halves. A rush by the Blackheath forwards was nipped in the bud by Clarke, and then the same player failed to take a pass from Holland, the latter breaking away with a good dribble but being pulled up by Bond. The Blackheath forwards now came away with a good rush, but kicking too hard; Alexander picked up the ball and made a good run to half-way, though he would have gained more ground had he kicked. The home forwards then put in some pretty passing and Todd crossed the line, but was ruled in touch; Nicholson and Holland relieved to half-way and Clarke and Wethere l were conspicuous. Following some loose play Grey picked up near the half-way line and made a grand run into the home twenty-five, being well backed up by Holland on the left and Wetherell on the right; a try appeared certain when Bond slipped, but Grey unfortunately was not fast enough and was tackled from behind by Latter, he managed however, to get rid of the ball to Holland, but the pass was a bad one and Holland could not get away. A run by Wallis relieved to the centre, and then the Hospitals again broke away in

grand style, Adair-Thompson and Goddard being conspicuous for their vigorous tackling; the play was confined to the Blackheath territory till half-time—

BLACKHEATH ... nil.
HOSPITALS ... ... nil.

After the usual interval Maud kicked off for Blackheath and Grey failed to return; Holland, however, kicked back to half-way. Blackheath then adopted rushing tactics, but were pulled up for a breach of the off-side rule. Alexander taking the kick dropped back into touch at the half-way line. The Hospitals forwards then got to work and rushed the ball to the home twenty-five where Sutcliffe initiated a pretty but ineffectual piece of passing, and Blackheath had to touch down. From the drop out Adair-Thompson made a mark and tried a place kick from over the half-way line, but the attempt was wretched. Blackheath then rushed down again to our twenty-five when the Hospitals were again awarded a free kick, but did not gain much benefit from it. Some loose play resulted in Latter picking up the ball, and when tackled he passed to Maud who dashed over the line and registered the first try for Blackheath, which Wilson converted. From the kick-off Blackheath again attacked strongly and Latter receiving a pass from Cattell ran through the opposing back, and dodging Alexander ran in between the posts; Wilson again converted. Following up the kick-off Adair-Thompson charged down the return, and the Hospitals forwards dashing up looked like scoring but only a touch down resulted. Holland then made a good dribble but Latter came to the rescue; Wetherell then gave an opening to Sutcliffe, but the latter failed to gain much ground. Adair-Thompson got away, but unfortunately lost the ball on the line. From this time till the whistle sounded for no-side, the Hospitals continued to have the best of matters, but were unable to break through the defence. Result—

BLACKHEATH ... 2 goals.
HOSPITALS ... ... nil.

Team:—

Guy's and St. Thomas's.—K. B. Alexander (back); A. Sutcliffe, H. N. Clarke, A. H. Grey, F. L. Rae (three-quarter-backs); H. F. C. Wetherell, H. Holland (half-backs); F. C. Adair-Thompson, L. Gilbert, H. C. Thorpe, G. O. Bingham, C. R. Nicholson, E. G. Goddard, P. A. Dykes and A. N. Other (forwards).

GUY'S v. LENNOX.

Played at Honor Oak Park on October 17th. Guy's lost the toss, and Nicholson kicked off from the tennis ground end, but a scrum was ordered in mid-field as the forwards were off-side. A series of scrums followed, and then Alexander and Walker threatened danger to the Lennox goal line; for a time the game was rather slow, till Clarke, gathering the ball in the open, dodged the three-quarters and full back and gained a splendid try behind the posts; Alexander converted amidst cheers from the small but enthusiastic crowd. After the kick off Guy's were again seen to advantage, the three-quarters showing better combination than their opponents, and the forwards occasionally showing glimpses of good form in the open, but in the tight scrums they seldom managed to get the ball, and when they did get it never heeled out neatly. After some more scrummaging Wetherell got away, and running up to the full back neatly passed to Gardiner, who, showing great sprinting powers, crossed the line and gained the second try. Alexander again converted. Several scrums following the kick off, Wetherell obtaining possession of the ball passed to Clarke, who in turn passed to Jackson, and the latter made a good run but was collared by the full back. Shortly after this Cohen received an injury to his shoulder and was compelled to retire. Half-time—

GUY'S ... ... 2 goals.
LENNOX ... Nil.

The second half was chiefly a forward game, as rain coming on rendered play very difficult among the three-quarters. Towards the end of the game Clarke received a good pass from Walker, and after a good run gained another try. Alexander converted with a magnificent kick. Play after this was of a very even nature, and when time was called there was no further addition to the score.

GUY'S ... ... 3 goals.
LENNOX ... Nil.

Team:—

Guy's.—A. C. Ransford (back); F. S. Jackson, H. N. Clarke, K. B. Alexander, F. L. Rae (three-quarter-backs) F. C. Wetherell, F. E. Walker (half-backs); C. R. Nicholson, P. A. Dykes, F. G. Gibson, H. V. Bagshaw, E. Cohen, J. N. Gardiner, M. D. Wood, A. H. Carter (forwards).

Remarks.—*It is very satisfactory to be able to record* a victory for the first match of the season by so good a margin. Ransford was very safe at full back. Of the three-quarters Clarke and Alexander played brilliant individual games, but there was very little combination. Wetherell at half showed very good form, but Walker has still a good deal to learn as regards passing and making openings; he was very good on the defence. Of the forwards Nicholson was by far the best, but as a pack they showed an utter want of combination and keenness, several men evidently being out of condition. It is to be hoped that everyone will try and get fit, as it is only by combination that we can expect to win our matches.

GUY'S 2nd XV. v. BECKENHAM.

This match was played at Honor Oak on Saturday October 10th, and resulted in a win for us by one goal one try to nil. Tries were obtained by Cohen and Traill, both of whom played finely. Gardiner and Walker played very well and were superior to the opposing pair of halves. The three-quarters did not play well, with the exception of Brydone, who made some very good runs. Team:—

Guy's.—A. C. Ransford (back); H. P. Barrow, E. B. Dowsett, J. N. Brydone, T. Morgan (three-quarter-backs); J. N. Gardiner, F. E. Walker (half-backs); E. Cohen, H. Traill, M. D. Wood, A. H. Carter, C. Watson, G. Shorland, J. Harris and E. H. Wall (forwards). A. J. Cleveland, Esq., (referee).

Association Football.

GUY'S 1st XI. v. SURBITON HILL.

This match was played at Honor Oak Park, on October 10th, and resulted in a win for Surbiton by two goals to one. Guy's kicked off against wind and sun, but Surbiton soon got the better of the exchanges and pressed for the greater part of the first half, and at the interval led by two goals to nil. In the second half Guy's pressed almost continuously; but among the forwards combination was conspicuous only by it absence, and their shooting was simply disgusting. MacAlpin, at half, tried hard to make the scores level, some of his shoots only missing by inches, but at length he was rewarded by scoring our only point from a free kick in front of goal. Robson and MacAlpin were the pick of a very scratchy lot; the latter at centre-half is likely to prove a great acquisition to the team, so that the loss of last year's centre half will not be greatly felt, as was at one time thought likely. Team:—

Guy's.—M. S. Barker, capt. (goal); W. M. Robson, F. J. Turner (backs); R. W. Hall, J. G. MacAlpin, G. B. Brown (half-backs); P. S. Mandy, E. C. Davies, C. T. Hilton, C. F. Witcombe and L. Humphry (forwards).

GUY'S 1st XI. v. WEYBRIDGE.

Played at Weybridge on Saturday the 17th, resulting in an easy win for the home team by five goals to one. Weybridge, who were extremely strongly represented kicked off against the wind; the play was even, but both sides missed some easy chances of scoring. However, at length the home team managed to score, by which point they led at the interval. In the second half we had to act on the defensive, but about twenty minutes from time Weybridge added four goals in quick succession. The greasy state of the ball, however, would account for one or two of the soft goals scored. Davies notched the Hospital's only point about ten minutes from time. Hall, Humphry and Robson were the pick of the team; the forwards certainly played a better game than against Surbiton, there being more combination, but the passing at times was rather erratic; they must learn to mark their men from a throw in from touch. The backs and half-backs do not play enough together, and each ought to mark his proper man. Team:—

Guy's.—M. S. Barker, capt. (goal); W. M. Robson, E. A. Longhurst (backs); H. J. Swan, J. G. MacAlpin, R. B. Hall (half-backs); P. S. Mandy, E. C. Davies, W. T. Hilton, G. B. Brown and L. Humphry (forwards).

United Hospitals Cycling Association.

Annual Inter-Hospitals Race Meeting.

The third annual contest for the Challenge Shield presented to the United Hospitals Cycling Association by G. Mellin, Esq., was held at Herne Hill, July 17th, 1896. The weather was perfect, the sun shining brightly and scarcely a breath of wind blowing, and the track was in admirable order. A fair number of spectators, many of them ladies, were assembled on the grounds, both inside and outside the Pavilion, but the attendance was quite unworthy of so important a race meeting, and so keen was the competition and so excellent the form shown by the riders, that the absentees are indeed to be pitied.

The same method of scoring points in the races was adhered to as was used last year, namely, points were awarded to all the competitors in the order of finishing, the hospital with the least points securing the shield.

This was the case in the first three heats of the mile, and in the three and twenty miles. Although the representatives of Guy's did not secure a single first place, they rode consistently and well. Curiously, both in the three and twenty miles the 3rd, 4th, and 5th places were obtained by Guy's men.

The first heat of the mile was won by Spurgin (Mary's). Ker (Guy's) riding well, appeared to be holding Spurgin, but in the last 100 yards was unable to spurt. The second heat of the mile was won by Stuart (Mary's), Bates (Guy's) being second. We were in hopes Bates would carry off this race, but one mile is not his distance and Mary's had a fine representative in Stuart. The third heat of the one-mile was considered a very open event, as in the same race last year West beat Millar, but we could hardly hope that he would repeat his last year's success. As it happened the result was reversed, Millar (Thomas's) first, West (Guy's) second. This race established a new record. The time taken was five minutes.

The three miles scratch now followed. This was an exceptionally fine race, the men keeping well together. Millar (Thomas's) first, Stuart second, Bates third, West fourth, Clapham fifth. Until this race Mary's and Guy's had scored an equal number of points towards the Shield, London and Thomas's following. But the three mile race placed us seven points ahead of our nearest opponents, St. Mary's. The final mile included the winners of each heat, and the fastest loser. Millar won this race after a grand struggle between him and Stuart, Ker being third.

The five miles race open to past or present students of any hospital was won by J. Bourke (St. George's), Harris (Middlesex) second, Harvey (London) third, and Ker (Guy's) fourth.

For the twenty miles there were twelve entries. The Guy's representatives were Bates, Floyd, and Clapham. A good race was expected between Bates and Millar, but Millar was much better paced than the Guy's man. Stuart rode exceptionally well, not having pace-makers of his own; he hung on to Millar, only about 10 yards dividing them at the finish, Bates being third, Floyd fourth, Clapham fifth, and Tripe sixth. The final points were:—

Guy's	...	...	31 points.
Mary's	...	...	44 „
Thomas's	...	...	53 „

At the conclusion of the racing the prizes were distributed to the successful competitors by Mrs. A. Quarry Silcock. Cheers for Mrs. Silcock, and an excellent speech from her husband, the President of the Association, brought this most enjoyable meeting to a close.

Results.

One Mile Race.—Heat 1: P. B. Spurgin, St. Mary's, 1; W. P. Ker, Guy's, 2; E. Rogers, London, 3; W. Hosken, St. Thomas's, 4. Heat 2: F. A. K. Stuart, St. Mary's, 1; J. E. L. Bates, Guy's, 2; N. Pern, St. Thomas's, 3; C. H. Allen, London, 4. Heat 3: A. F. Millar, St. Thomas's, 1; E. W. West, Guy's, 2; A. S. Bruzand, London, 3; C. I. Graham, St. Mary's, 4. Final Heat for prizes only: A. F. Millar, St. Thomas's, 1; F. A. K. Stuart, St. Mary's, 2; W. P. Ker, Guy's, 3; P. B. Spurgin, St. Mary's 4. Scores: Guy's, 6; St. Mary's, 6; St. Thomas's, 8; London, 10.

Three-Mile Race.—A. F. Millar, St. Thomas's, 1; F. A. K. Stuart, St. Mary's, 2; J. E. Bates, Guy's, 3; E. W. West, Guy's, 4; S. C. Clapham, Guy's, 5; J. H. Tripe, London, 6; J. M. Pooley, St. Mary's, 7; W. Pern, St. Thomas's, 8; H. J. Bryan, London, 9; C. I. Graham, St. Mary's, 10; A. S. Bruzand, London, 11; W. H. M. Hosken, St. Thomas's, 12. Scores: Guy's, 18; St. Mary's, 25; St. Thomas's, 29; London, 36.

Three-Mile Race.—J. Bourke, St. George's, 1; A. H. Harris, Middlesex, 2; W. P. Ker, Guy's, 3; A. T. V. Harvey, London, 4.

Twenty Miles.—A. F. Millar, St. Thomas's, 1; F. A. K. Stuart, St. Mary's, 2; J. E. L. Bates, Guy's, 3; W. Floyd, Guy's, 4; J. H. Tripe, London, 5; S. C. Clapham, Guy's, 6; P. G. Spurgin, St. Mary's, 7; H. J. Bryan, London, 8; C. H. Parker, London, 9; W. J. Woodman, St. Mary's 10; N. Pern, St. Thomas's, 11; W. H. M. Hosken, St. Thomas's, 12. Time, 47 min. 7 sec.

Scores—Guy's	... ...	13 points.
St. Mary's	... ...	19 „
London	... ...	22 „
Total—Guy's	... ...	31 „
St. Mary's	... ...	44 „
St. Thomas's	... ...	53 „

A. LISTER-KAYE.

Guy's Hospital Lawn Tennis Club.

Review of the Season 1896.

Matches played, 15; lost 8; won 6; drawn 1.

This, though a better record than last season, shows plenty of room still for improvement. The season opened badly with four losses straight off the reel, accounted for by the fact that our full strength was not available early in the season, and our recruits, though well up to hospital form, were but novices to match play. The weakness of the team throughout the season seemed to depend on a lack of combination in play, which is the last thing we should suffer from, seeing what opportunities we have for practice on the courts at Honor Oak, than which no other hospital in London has better. What we should like to see instituted next year would be one or two regular practice afternoons at Honor Oak every week for the team, which would give pairs an opportunity for studying one another's style of play. We are pleased to see the ever-increasing interest the Staff are taking in the affairs of the club, which cannot but augur well for its prosperity in the future.

May 9.	v. Boundaries	... ...	Lost.
13.	v. Weighton	... ...	Lost.
16.	v. Surbiton	... ...	Lost.
20.	v. Hornsey	... ...	Lost.
23.	v. The Past	... ...	Won.
25.	v. J. H. Busteed's Team	... ...	Lost.
27.	v. Hornsey	... ...	Drawn.
June 3.	v. Surbiton	... ...	Won.
6.	v. The Staff	... ...	Won.
6.	v. Bexley	... ...	Lost.
13.	v. The Staff	... ...	Won.
20.	v. Barnes	... ...	Won.
23.	v. Cup Tie v. Bart's.	... ...	Lost.
Aug. 22.	v. Boundaries	... ...	Lost.
29.	v. M. A. B.	... ...	Won.

From the Gazette's Special Pathologist.

NOTICES.

H. A. L., Swansea.—Tubercle bacilli are present in fair numbers.

M., Kidderminster.—Microscopically the scrapings from the uterus show large spaces lined with cylindrical epithelium, and situated in the tissue of the cervix. They consist of hypertrophied and dilated glandular follicles. There is no evidence of malignant disease.

R., East Sheen.—The specimen is a portion of a soft rapidly-growing epithelioma of the cervix uteri.

F. E. M., Charlburg.—After incubation on blood-serum, the resulting growth consisted of Klebs Löffler bacilli, associated with large numbers of staphylococci.

PATHOLOGIST.

Appointments.

CIVIL.

Ashby, A, M.B. Lond., F.R.C.S., has been re-appointed Medical Officer of Health by the Wokingham District Council.

Card, A. H., M.R.C.S., L.R.C.P. Lond., has been appointed Surgeon to the Worksop Dispensary.

Gruggen, W., L.K.Q.C.P, Irel., L.F.P.S. Glasg., D.P.H. Camb., has been appointed, *pro tem.*, Medical Officer by the Ware Urban District Council.

Izard, H. E, M.R.C.S., L.R.C.P. Lond., has been appointed Junior Resident Medical Officer to the Manchester Children's Hospital, Pendlebury, *vice* C. H. Melland.

Lavers, Mr. Norman, L.R.C.P., M.R.C.S., has been appointed Junior Medical Officer at Camberwell House, S.E.

Parkinson, C. H. Watts, M.R.C.S. Eng., L.S.A., has been re-appointed Medical Officer of Health for the Wimborne Rural District.

Marriages.

BEACHCROFT—SWINHOE.—On October 7th, at St Mark's Church, New Swindon, Francis Seward Beachcroft, M.R.C.S., L.R.C.P. Lond., of Petworth, Sussex, eldest son of Francis Porten Beachcroft, to Amy Letitia, second daughter of George Money Swinhoe, of Park House, New Swindon.

CARD—MEYRICK-JONES.—On October 8th, at Holy Trinity Church, Anerley, S.E., Alfred Herbert Card, M.R.C.S., L.R.C.P., son of the late W. Freeland Card, of Maze Hill, Greenwich, to Sina Margaret, Meyrick-Jones, of Clapton Court, Crewkerne.

JACKSON—WATSON.—On October 3rd, at St. Mary's Liss, Hants, Thomas Sparks Jackson, M.R.C.S., L.R.C.P., of Fleatham, Liss, to Kate Jane Richardson, youngest daughter of the late Robert Watson, Kedmuir, Liss.

YOUNG—SALTER.—On September 30th, at St. Mary's, Barnes, John Young, M.D., of Stamford Hill, to Louisa Agnes, daughter of Henry J. Salter, of Elmwood, Upper Richmond Road, Putney.

Ed.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Calendar of Coming Events.

Nov. 7.—Mr. Lucas' take-in; Drs., G. E. Richmond and H. J. Starling; Cl., R. Howard.
Clinical Lecture by Dr. Taylor.
G. H. R. F. C.—I. Rosslyn Park, away.
II. St. Thomas's Hosp., home.
G. H. A. F. C.—I. Eastbourne, away.
II. St. Mary's Hospital, home.

" 10.—Meeting of Dental Society at 4.30 p.m.

" 11.—G. H. A. F. C.—I. Chatham, away.
Clinical Lecture by Mr. Howse.

" 12.—G. H. C. U.—Address by Rev. Walter Horne.

" 12.—Primary Fellowship Exam. begins.

" 14.—Mr. Golding-Bird's take-in; Drs., A. J. Cleveland and R. T. Fitz-Hugh.
Clinical Lecture by Dr. Pye-Smith.
G. H. R. F. C.—II. St. Bart.'s Hosp., away.
III. Upper Clapton, away.
G. H. A. F. C.—I. Bexley, home.
II. Eltham, away.
Physical Society.—Pathological Evening.

" 17.—Last day for applying to Registrar for form of entry for B.S. Lond.

" 18.—G. H. A. F. C.—I. Vampires, away.
II. St. Thomas's Hosp., home.
Clinical Lecture by Mr. Howse.

" 21.—Mr. Howse's take-in; Drs., M. H. Thornely and H. Cardin; Cl., H. P. Ferraby.
Clinical Lecture by Dr. Pye-Smith.
G. H. R. F. C.—I. Wickham Park, home.
II. Kensington, away.
III. Blackheath Prof., away.
G. H. A. F. C.—I. Hastings, away.
II. Beckenham, home.
Cambridge 3rd M.B.—Schedules to be brought to Medical Office for signature.

Guy's Hospital Gazette,

NOVEMBER 7, 1896.

Mitral Stenosis.

CLINICAL LECTURE BY DR. NEWTON PITT.

AT the present time, in 31 Miriam, we have a typical case of Mitral Stenosis presenting many features of interest. The following notes are by Mr. J. Howell:—

The patient is twenty-five years of age, and has been a servant-maid for the past ten years. She does not remember having any illnesses, except three attacks of erysipelas when she was a child. She has not had rheumatic nor scarlet fever, and has never suffered with pains in her joints.

For four years, on and off, she has been liable to attacks of palpitation and shortness of breath, which have become worse during the past year. She has had several attacks of diarrhœa, vomiting, loss of appetite and insomnia, and her legs have swollen up for a fortnight or more.

During the past three years she has occasionally had bronchitis, and has required to be propped up in bed at night; yet until last Christmas, when she was compelled to return to her home, she had not laid up in bed for a single day, but for the past five months has been under medical treatment.

When admitted, on May 11th, she was thin, pale, with a congested face, tinged conjunctivæ, and some œdema of the legs.

The cardiac dulness extends from one and a half inch to the left of the nipple to one inch to the right of the sternum, and vertically from the third rib to the sixth costal cartilage. A diffused impulse is visible in the third, fourth and fifth spaces, while a thrill is palpable. The heart's action is very rapid—150 per minute—but only 65 small, feeble beats can be felt at the wrist. The rapidity of the action prevents anything more than a blowing systolic bruit being determined with any certainty. She requires to be propped up in bed. The resonance, entry of air, and tactile vocal fremitus over the left base are deficient. The tongue is furred, the bowels constipated, the liver enlarged and tender; the urine,

sp. gr. 1022, contains a trace of albumen. She was put upon a mixture containing Tr. Digitalis ♏x., Tr. Nucis Vom. ♏x. and Cit. Caffein gr.v. three times a day.

Next day the heart had steadied down to 120 beats per minute, of which 70 reached the wrist. A loud, blowing, apical systolic bruit is traceable to the back; the second sound is audible at the apex, with a very localised presystolic, rumbling bruit running up to the first sound; internal to this is a soft mid-diastolic blowing bruit. To the right of the sternum is heard a systolic bruit of a higher pitch than the apical one. There is a short, uncertain to-and-fro bruit heard to the left of the sternum in the third space, and the second sound is reduplicated in the second space. The diagnosis was mitral stenosis and incompetence —tricuspid incompetence—with a very slight aortic incompetence; dilated heart, especially the right side, and cardiac failure.

Chloralamide gr.xxx. was given every night, and with the rest in bed the albumen disappeared from the urine, and the heart's action slowed down.

On the 20th a rub was audible in the left axilla. There is a certain rhythm in the irregularity of the heart; four or five slow beats are followed by three rapid beats, then one slow followed by two rapid ones, when the cycle recommences. The very rapid beats are the ones which fail to transmit to the wrist.

The bowels were kept regular, and the patient was put upon a mixture of strophanthus and arsenic. She gradually improved, but was not infrequently sick. She went out on July 6th fairly comfortable, but with a heart-rate of 116, of which several beats still failed to reach the wrist. The bruits had not altered materially. It was clear that unless the patient could rest for the greater part of each day, her heart would at once break down again.

This case of a young woman, who, without any history of acute illness, finds herself at twenty-five, after three or four years of slight heart failure, permanently incapacitated by constriction of the mitral orifice, will serve as a text for some general remarks upon this lesion, which is one that often presents great difficulties both in prognosis and treatment.

Etiology.

A. *Rheumatism.*—Out of 264 cases, 141—*i.e.*, 61 per cent.—had evidences of rheumatism; while the proportion for cases of incompetence is 77 per cent. It is chiefly the insidious forms of rheumatism which lead to stenosis, while the acute produce incompetence. Among children it was found that with a

	Mitral stenosis.	Mitral Incompetence.	
History of rheumatism	6 cases	64	1 : 10
Scarlet fever or measles	4	23	1 : 6
Obscure rheumatic pains	2	8	1 : 4
No cause determined	15	32	1 : 2

Stenosis is very rare under the age of five, and in children a funnel-shaped orifice is found in seven-eighths of the cases, while the buttonhole slit is the shape found in adults. In all cases in children evidence of previous endo- or pericarditis can be found. Possibly several infective processes may be efficient causes. Some French authorities consider that tubercle is at the bases of many cases of stenosis.

B. Scarred granular kidneys, gout, chronic Bright, and pregnancies, appear to be factors of importance in some cases. Mitral stenosis occurs three times as frequently with granular as with healthy kidneys. A sclerotic endocarditis leading to marked cicatricial changes comes on insidiously without any acute symptoms. The valves consist of connective tissue, richly supplied with lymphatics, but without blood-vessels. Roy has shown experimentally that a sudden rise in arterial pressure will at once produce œdema with distension of these lymphatics in the mitral valve, and it is easy to see how such a process may lead to fibroid changes. Occasionally calcareous masses are deposited in the valve.

C. The lesion is not congenital. Mitral stenosis does not occur in infants, and the absence of previous acute illness is no evidence whatever in favour of a congenital origin.

Two-thirds of all cases of stenosis in adults occur in women. Seventeen out of twenty-three cases in women occurred between the ages of 32 and 58; the mean age of the women at death being 42, and of the men 52; only one in eight of the women gave a history of acute articular rheumatism.

Physical Signs.

In no other heart lesion, do the sounds vary so often or so suddenly. When listening to a heart, if the action tumbles and starts off on another rhythm, the lesion is probably mitral stenosis.

When in doubt as to whether the sounds indicate mitral stenosis, always make the patient lie down, as this will frequently bring out a presystolic bruit not audible previously.

The following are the abnormal sounds which may be heard:—

1. The presystolic bruit, often accompanied by a palpable thrill, is the most character-

istic; at one time it was considered pathognomonic, but it would appear that such a bruit may be due to aortic incompetence or to a dilated heart with an adherent pericardium, but this is most exceptional. This bruit is best heard at a spot just internal to the impulse: it is often very localized, is of a churning, rumbling, multiple character, and runs rapidly up to a maximum ending in a loud first-sound. It may be represented by *r b b b*, and is of a low pitch.

2. A soft blowing and diastolic bruit, quite distinct in character suggestive of the sound *f u t*, less strictly localized to the region of the nipple, may be present with or without the preceding.

3. Less frequently a bruit of varying tone, or a succession of two distinct bruits, somewhat blowing in character and one of them rough, may be present.

4. A very localized apical systolic bruit, limited to an area of an inch, with a loud first-sound. This has been noted chiefly in cases of gout or chronic Bright's disease.

5. A loud first sound with no second sound and no bruit.

Or 6. A very erratic tumbling action, the beats varying both in rate and intensity, with extremely rapid heart's action and no definite bruits.

The first sound and the rhythm of the heart may be so changed in character, that it is a not infrequent mistake to look upon it as the second sound.

In the pulmonary area, the second sound is often reduplicated and accentuated; when there is a dilated right ventricle with an adherent pericardium, or when the tricuspid valve leaks, the accentuation disappears.

Complications.

Mitral incompetence is, for part of the period, present in most cases. Aortic incompetence is often superadded to the mitral stenosis, and not infrequently one may mask the usual physical signs produced by the other, so that only one of the lesions is diagnosed. The pressure in the aorta may be so lowered by the contraction of the mitral orifice, that the aortic valves may give rise to no bruit, or may even again become competent.

The lungs become œdematous and engorged, so that a troublesome cough results, and under the constant strain the pulmonary capillaries may degenerate and yield, giving rise to pulmonary apoplexy and hæmoptysis. Much more rarely such apoplexy arises from an embolism from the right heart.

Pleurisy and pleuritic effusion, which tends to accumulate more often on the right side, may develop.

The pulmonary valves undergo no changes, but gradually the tricuspid becomes incompetent and ultimately the orifice stenosed.

Ascites sometimes develops, but œdema of the extremities extremely rare. The œdema which develops is due to an associated incompetence of the tricuspid or of the mitral valves.

In children the steady progress downhill of a case of mitral stenosis, with but little benefit from treatment, suggests that there is also an adherent pericardium.

Should ulcerative endocarditis develop, the toxic condition with the increased cardiac failure, the anæmia, pyrexia, petechiæ and emboli, will indicate the change. Often one of the chordæ tendineæ will be found ruptured, but it is still uncertain whether this is the cause or the result of the change.

Patients are liable to epistaxis and to attacks of enlargement of the liver, with vomiting, dyspepsia and diarrhœa.

Prognosis.

This is favourable in cases which have developed gradually without any previous severe acute rheumatism, provided that there is a good second sound at the apex, that the muscular compensation is efficient, and the patient's circumstances are satisfactory. When the stenosis has followed on severe rheumatic endocarditis, which is more frequently the case in childhood, the prognosis is much more unfavourable, because too frequently there has also been myocarditis, and there is a probability of further attacks of endocarditis. When there has also been pericarditis leading to adhesion of the pericardium, the patient frequently dies within two years. The changes connected with puberty are delayed, and in many the heart breaks down under the increased strain at this period.

However great the distress and pain there is always a fair prospect of improvement while the second sound persists at the apex, but in the later stages of the disease when the sound is no longer audible, the patients do not survive many months.

Cases in which there is gout or chronic Bright's disease associated with the stenosis, generally deteriorate steadily, although the course is not necessarily rapid.

With this lesion never forget that the end may come quite suddenly—the patient may, although suffering more or less distress and incapacity, be talking and appearing fairly well, and yet fall back dead a minute later.

An extremely important point to be determined, as each case convalesces, is how much additional rest must be given to enable a condition of stability to be maintained. For it must be remembered that some of these cases may, with proper supervision, last for twenty years. Some patients, provided they avoid constipation, excitement, violent exercise, and the daily use of many stairs, may lead an ordinary life; others require a rest of one or two hours, lying down in the middle of the day; a few cannot keep well if they are about for more than half the day; while a few can only keep comfortable so long as they remain more or less recumbent.

Treatment.

In hospital work, you will find in many cases compensation has broken down because patients have been compelled to earn their living, and so were unable to obtain the necessary rest. In such cases the benefit of absolute rest in bed is sufficient to restore the patient within a few days to comfort. Generally there is orthopnœa with insomnia, and often palpitation, especially as they are dropping off to sleep. In such cases a subcutaneous injection of morphia at night, provided its use is not absolutely contraindicated by the condition of the lungs, may enable a patient to lie down to sleep, and to wake up in the morning with marked improvement in the heart's action.

When the heart has dilated from cardiac failure, whether due to overwork, insufficient rest, starvation or alcoholism, and the heart's action is very rapid, there is a difference of opinion as to whether digitalis is the best drug to employ. Where there is œdema due to the mitral or tricuspid incompetence, small frequent doses of the tincture will probably be found most beneficial, especially if citrate of caffein be added, if the amount of urine excreted is very defective. With extreme right-sided engorgement, however, beneficial results may not ensue until a brisk purge has first relieved the portal congestion. Where the stenosis is a more marked feature than the incompetence, strophanthus will generally be far more successful than digitalis.

Most cases are liable to periodical attacks of hepatic congestion with digestive disturbances which may entirely upset the heart's action; such cases require efficient purgation, a dose of calomel, *e.g.*, followed next morning by a powerful saline draught: this may be required several times each year. When the renal secretion is very scanty, a quarter of a grain of calomel every four hours for three or four days may give excellent results.

When there are evidences of extreme right-sided dilatation, especially with marked epigastric pulsation; venesection or the application of leeches over the liver is indicated, even when the extremities are cold and the patient pulseless. These patients are often extremely neurotic; remember, therefore, that so long as the second sound can be heard at the apex, symptoms of palpitation and cardiac pain, however severe, may be expected to yield to treatment by arsenic, bromides and belladonna, while occasionally a small amount of morphia may be advantageous. When the second sound has disappeared at the apex owing to the great fall of arterial pressure, the prognosis is much more unfavourable, arsenic strychnine and diffusible stimulants being the most serviceable drugs.

Where the collapse is extreme and the extremities become icy cold, remember that death may be averted for a time by wrapping up the extremities in cotton wool and the application of artificial heat; while hot poultices over the cardiac area are most efficient stimuli to the heart.

As compensation becomes restored, massage of the limbs may be of service, before the patient is fit for even gentle exercise. Iron, arsenic, good nutritious food with a little Burgundy at meals, and the cessation of a purely liquid diet as soon as possible, are indicated.

The action of digitalis in these cases always requires careful watching. If vomiting or symptoms of cardiac distress develop under its use, and especially if the liver enlarge and become tender, the drug must be at once stopped for a time, and a purge administered. Where the cardiac dilatation is dependent upon gastro-intestinal disturbance, digitalis seems to be especially contraindicated.

The more the heart-failure is due to degeneration of the muscle and the less to dilatation of the cavities, the less benefit can be expected from digitalis, and such drugs as arsenic and strychnine are especially indicated.

When the heart-failure results from mitral incompetence, the digitalis may be given with confidence; when from mitral stenosis, it more often fails to be of service.

A freshly-prepared infusion of digitalis is more diuretic in its action than the tincture. The more readily the liver varies in size with variations in the heart's action, the more amenable is the case usually found to be to treatment.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY 10, 14. Mitral stenosis and regurgitation.
20. Pericarditis and pleurisy.
29. Mitral stenosis.
32. Chlorosis.
36, 41. Mitral stenosis and regurgitation.
45. Mitral stenosis. Tricuspid regurgitation.
PHILIP 9. Aortic stenosis and regurgitation.
13. Mitral regurgitation.
17. Aortic stenosis and regurgitation. Angina pectoris.
20. Pneumothorax.
STEPHEN 7. Mitral regurgitation.

Nervous System.

MARY 7. Right hemiplegia and aphasia.
11. Cerebral tumour. Trephined and removed.
12. Chorea. Mitral regurgitation.
19. Chorea. Pericarditis.
31. Chorea.
40. Diphtheritic paralysis.
PHILIP 10. Left hemiplegia.
STEPHEN 1. Muscular atrophy. Oculomotor paralysis, etc.
3. Compression paraplegia. Spinal caries.
8. Cerebral syphilis.

Alimentary System and Abdomen.

MARY 1. Hæmatemesis. Cirrhosis of liver.
4. Ascites. Malignant peritonitis.
8, 26. Diffuse carcinoma of stomach.
9, 15. Gastric ulcer.
21, 30. Gall-stones.
42, 50. Appendicitis.
STEPHEN 15. Tuberculous peritonitis.
37. Diffuse carcinoma of stomach.

Typhoid Fever.

MARY 5.
STEPHEN 32, 33.

Respiratory System.

MARY 16, 48. Phthisis.
37, 44. Bronchitis.
47. Cavitation. Right lower lobe of lung.
PHILIP 3, 6, 21, 33, 36, 40. Phthisis.
11. Obstruction of right bronchus.
12. Bronchitis. Albuminuria.
23. Chronic bronchitis. Ascites.
37. Pleurisy.
STEPHEN 2, 16, 24, 35, 39, 40. Phthisis.
12. Chronic bronchitis. Ascites.
14. Bronchitis and phthisis.
18. Pneumonia.

Genito-Urinary System.

MARY 2, 13. Chronic interstitial nephritis. Hypertrophied and dilated heart.
24. Moveable kidney.
35, 38. Chronic interstitial nephritis.
PHILIP 5. Chronic nephritis.
6. Chronic tubal nephritis.
22, 26, 27, 36, 39. Acute nephritis.
STEPHEN 9. Diabetes mellitus.
28. Acute nephritis.
34. Chronic tubal nephritis.
36. Chronic interstitial nephritis.

Miscellaneous.

MARY 17, 27. Raynaud's disease.
28. Acute rheumatism.
33. Psoriasis.
STEPHEN 6. Congenital syphilis. Choroiditis.
31. Psoriasis.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

ACCIDENT 7. Fractured patella.
6. Dislocation of foot backwards and inwards.
13. Dislocation backwards of foot.
19. Compound fracture of tibia.
NAAMAN 2. Strangulated congenital inguinal hernia.
11. Iliac retention of testicle.
18. Malignant structure of œsophagus.
CHARITY Cot. Cleft palate.
15. Tuberculous elbow-joint.

CASES UNDER MR. DAVIES-COLLEY.

CORNELIUS 2. Rheumatoid arthritis of hip-joint simulating fractured neck of femur.
LYDIA Cot. Webbed fingers. Plastic operation.
3. Tuberculous mastitis.
21. Tumour of soft palate.
LUKE 1. Strangulated inguinal hernia. Resection of gangrenous bowel.
6. Contraction following burn.
7. Congenital syphilitic osteitis.
8. Epithelioma linguæ.

CASES UNDER MR. LUCAS.

JOB 3. Congenital hydrocele.
12. Carcinoma recti.
17. Sarcoma of testis.

CASES UNDER MR. LUCAS.

JOB	25.	Subclavicular dislocation of head of humerus. Excision of head of humerus.
	22.	Warty growth on pelvis.

CASES UNDER MR. GOLDING-BIRD.

MARTHA	2.	Fistula in ano.
	8.	Varicose veins.
LAZARUS	5.	Ununited fracture of humerus.
	14.	Enlarged prostate.
	17.	Lupus vulgaris. Hip-joint disease.
	19.	Loose internal semilunar cartilage.

In the Out-Patients' Department.

OBSTETRIC.

THE following case of recurrence of periodical bleeding, probably menstrual, after the climacteric, came to Dr. Horrock's out-patients on Saturday, October 10th. She was a housekeeper, a single multiparous woman, fairly well preserved, and had never suffered from any serious illness. Menstruation began at 17½, occurred usually at intervals of six weeks, and lasted about seven days. It was sometimes excessive and sometimes scanty; there was no dysmenorrhœa. She was always able to tell that menstruation was approaching, because of pain in abdomen commencing about three days before the period. The menopause occurred at 48. She complained that for the last two years she had had regular monthly losses of blood, which were "like ordinary periods," lasting three or four days. Clots were sometimes passed. As before, the bleeding was preceded for about three days by abdominal pain. Examination showed no ulceration or growth present; external and internal organs had undergone senile atrophy, but were otherwise normal.

This is a rare case. Nineteen years had elapsed since her periods had ceased. Then she began to lose, not irregularly nor after contact, but regularly once a month. Dr. Horrocks said that this regularity and the subjective sensations being the same, together with the absence of any disease that would cause bleeding, made it highly probable that this was a case of menstruation, very likely consisting of ovulation, as shown by the subjective sensation.

A remarkably well-developed girl of thirteen had suffered from right hemiplegia, affecting arm, leg and face, since she was eighteen months old. The attack was said to have followed a severe convulsion due to fright. The right arm and leg were smaller than the left, and were distinctly rigid. Knee-jerk and wrist-clonus were exaggerated on the afflicted side. The wasted limbs and rigid flexion of the arm were thought by some to suggest infantile paralysis. It was pointed out that the facial paralysis was strongly against this view, and that the rigidity was due to increased tone in the muscles, and not to their fibrosis, as shown by the increased jerk and the fact that the deformity could be quite overcome by gentle pressure. The condition was considered to be quite analogous to congenital hemiplegia or birth palsy, the cortical lesion in this case being due to hæmorrhage during convulsions instead of injury during parturition. The friends were told that no improvement in the condition was likely to take place, but that by encouraging the child to use the partially paralysed limbs as much as possible, what little power existed might be retained. The experience of operative interference in similar cases was not thought to warrant its trial here, for even if any pressure upon the cortex existed and could be removed, the atrophied condition of the motor centres made recovery impossible.

Among other interesting cases we noticed one of hammerman's palsy; phthisis just beginning acutely, in a man aged 53, and a case of habitual constipation, the patient, a man, being quite comfortable, although his bowels had not been open for sixteen days.

MEDICAL.

E.M., a married woman, aged 32, no children, who had been attending on the dental side on account of the looseness of her teeth, came complaining further of puffiness of the face on and off for the past five years. Both cheeks were brightly flushed, and her complexion was somewhat waxy and yellowish.

On examination, the molar teeth especially, presented recession of the gum, spread of tartar and accompanying suppuration along the fangs, with consequent loosening in their sockets, constituting the condition known as 'pyorrhœa alveolaris.' There were also patches of aphthous stomatitis on the gums and hard palate.

The face, and particularly the eyelids, was œdematous, as also were the legs, where the œdema pitted on pressure, and to a less extent the forearms and hands. The skin over all these parts was noticeably dry. She stated that her legs used to swell before her marriage, at which time she used to serve behind the bar.

There was a history of mental as well as of bodily change. Patient admitted she was becoming less inclined for exertion, she felt depressed and constantly chilly. The urine was 1010, and contained no albumen.

Dr. Pitt remarked that the presence of roughness of the skin, puffiness of the face, and langour, in the absence of albuminura was extremely suggestive of myxœdema, although the aspect of the patient at first suggested mitral stenosis with nephritis. The heart, however, was found to be normal. The thyroid region was tender to the touch, the gland itself could not be felt definitely. A diagnosis of myxœdema was made, and patient put on one thyroid tablet t.d.s. Dr. Pitt expected the swelling of the face to go down under treatment; the patient was accordingly photographed. The chief points of interest about the case were that the œdema of the legs pitted with pressure, that of the eyelids was rather more of a watery character than usual, and the hands were not specially characteristic.

In the "Charity."

SEPTEMBER—*continued*

THERE were two cases of puerperal septicæmia:—

I.—A. H., æt. 25, primipara. Delivery took place 7.30 p.m., September 6th, after patient had been fourteen hours in labour, which was quite normal.

On September 12th, temperature 100°, pulse 88; lochia getting scanty; she was feeling well.

14th. Patient had repeated rigors, with continued high temperature, headache, pain over uterus, and vomiting of some curdled milk.

15th. 10 a.m. Temperature 102°, pulse 104. Pain more severe; lochia ceased. 2.45 p.m., temperature 104°, pulse 144. On vaginal examination, cervix found to be lacerated on both sides; on the left, laceration extended to vaginal reflection. Thickening in left broad ligament. Rigidity of abdomen and tenderness over uterus. Diarrhœa, with offensive motions. Large doses of quinine were given.

16th. Temperature 101°, pulse 108. Abdomen full and tender; thigh flexed.

17th. Temperature 103°, pulse 120. Vomits after every feed.

18th. Temperature 103·8°, pulse 128. Dulness at base of right chest behind, with a few râles, and impaired entry of air.

19th. Sickness still persists; abdomen not much distended. She was admitted into Mary, under Dr. Washbourn.

20th. Abdomen became much distended, and there were signs of general peritonitis, with vomiting of black frothy matter. She sank very rapidly, and died on the 21st., at 5.30 p.m. Her mental condition was clear throughout, and even to the last she was hopeful of recovery.

Post-mortem.—General plastic peritonitis; left uterine veins thrombosed and contained pus; uterus hyperæmic, but quite empty; pleurisy at right base.

II.—E. P., æt. 31. Fifth confinement. Delivery took place on September 21st, at 7.30 p.m. Labour normal.

Patient woke up at 3 a.m. on September 23rd with great pain in lower part of abdomen. 9 a.m., temperature 102°, pulse 100. Abdomen distended and tender. Cervix was found to be lacerated on left, but it was impossible to get finger into the uterus, as parts were extremely tender. Discharge sweet; no hæmorrhage.

24th. Temperature 103°, pulse 120. Tenderness and distension decreased under opium. As it was thought to be a case of septicæmia, she was advised to come into the hospital, but she refused to do so.

25th. Uterus was explored under chloroform. A small piece of placenta was found attached to anterior uterine wall, which was so adherent and organised as to be incompletely separable, even though patient was anæsthetised. Interior of uterus quite sweet.

26th. Temperature 103·2°, pulse 130. Continual vomiting and diarrhœa; motions very offensive.

27th. She became collapsed and died at 9.50 p.m.

Post-mortem.—General suppurative peritonitis, with the usual condition of the organs and blood seen in septicæmia.

Remarks.—Case I. is remarkable for the late period at which the first symptoms showed themselves. No definite cause for infection could be discovered, except, as we heard afterwards, that the nurse who had been attending her during the first week thought no linen should be changed until ten days after delivery.

Case II. was attended by a different extern, and symptoms developed within thirty hours. Up to date of delivery she had been frequently dressing a suppurating scalp wound for her husband, and he had occupied the same bed as herself, even since delivery. The adhesion of the small piece of placenta afterwards found in the uterus was possibly due to a blow she had received there a fortnight previously. It would be impossible that this should have assisted in the cause of infection, since it was so firmly organised to the uterus, and no trace of decomposition was present. Infection must have taken place almost immediately after delivery.

The following case also occurred:—

E. W., æt. 39. Fourteenth confinement. Was a little over six months pregnant. Patient had no card, but sent up to hospital on September 21st for assistance. On arrival of extern at 7.30 a.m., both child and placenta had been born, and patient had had a severe post-partum hæmorrhage. Some clots were expressed from uterus, which afterwards contracted well. Pulse feeble and rapid. The "Charity" was sent for about 11 a.m., and found extremities cold and pulse 138—so feeble that it was with difficulty counted. Shortly before his arrival she became unconscious for about fifteen minutes, and had clonic movements of arms and eyes; at the same time she vomited. ℥xii. of saline solution was injected into rectum, and as there was no improvement, three pints of saline solution was injected into right median basilic vein. This was followed by considerable increase in volume of pulse. Hot bottles were applied to extremities. Patient had for four years past suffered with chronic bronchitis.

On September 23rd, temperature rose to 102°, and bronchitis became very troublesome. Temperature oscillated between 100° and 102° during next few days.

On night of 27th she became delirious, and bronchitis was increasing. From this point she gradually sank, and died at 10 p.m. on October 3rd from bronchitis.

There were a great many pyrexial cases during the month. The following is perhaps worthy of note:—

A. C., æt. 44. Tenth confinement. Was the wife of an old soldier, and had for a long time lived in India, where she had suffered severely from malaria. She returned to England six or seven years ago, and a few months afterwards gave birth to a child. Onset of pregnancy and lactation were marked by malarial attacks, and it is interesting to note that this child, although he had never lived in a malarial district, now

occasionally has attacks of ague. It, therefore, appears that child must have been infected either in utero or during lactation. Mother was again attacked during present puerperal period with rigors, accompanying a cold stage, followed by a hot stage, and finally sweated most profusely. Spleen could not be felt; she vomited bilious matter. No local cause could be found for the pyrexia, and she stated that it was similar to attacks of ague she had previously had. Several such attacks occurred during first week, and preparations were made to examine her blood for plasmodia, when, under large and repeated doses of quinine, temperature did not rise again. The inter-febrile intervals were rather irregular, but in India she undoubtedly suffered from the tertian variety. As she changed her residence about a fortnight after delivery, her case could not be further followed.

Another patient, who had severe symptoms of sapræmia, with which were associated phlebitis of veins of forearm, pleurisy, and sudden and almost complete loss of sight in left eye, has since been admitted into Clinical, under Dr. Taylor, and is doing well.

T. B. P.

Annual Sermon

PREACHED IN THE GUY'S HOSPITAL CHAPEL ON OCTOBER 15TH, 1896,

BY REV. A. BOYD CARPENTER.

"There are diversities of gifts, but the same spirit."
I. Corinth. xii. 4.

THERE have been two ways by which men have endeavoured to advance the cause of religion. The one way I may call exclusive, the other inclusive. In the former there has been an attempt to draw a hard and fast line between things secular, as they are called, and those exclusively considered to be religious—an attempt to regard some occupations as outside the sphere of religion, and others as only worthy of the attention of religious men—and the attempt has resulted in the loss of power to religion and its diminished influence in the affairs of the national life; consequently men have either set about their work without the help of religion or neglected their secular duties as comparatively unworthy of attention. The other way, *i.e.*, the inclusive, regards all work which is right and honourable as a sacred calling; all inclinations and tastes in any particular direction as the calling of God to use those talents in that direction; every faculty, opportunity and calling as divine suggestions to serve God by the use of them.

On comparing these two methods, the inclusive one is obviously the better. It inspires a sense of responsibility, it stimulates men to regard every action of their life as sanctified, and to think higher of their calling instead of minimising it, and to live out their life as Christ lived His life, wherever they may be and whatever their calling may be. St. Paul, in the Epistle to the Corinthians, seems to me to teach this, and to apply this idea to the difficulties of the Church at Corinth. Doubtless there were many who were endowed with greater abilities, some who, by education or intellect, were appointed to offices more influential than others, while many had to perform those less favoured but necessary offices which support and minister to the growth of every community. This condition of affairs had led to much dissatisfaction in the Corinthian Church, and it was to allay this that St. Paul directed his inspired efforts, for how could a disunited body attempt to grapple with a discontented and factious empire, how could a Church torn asunder by jealousy and pride affect peoples already weary with strife, how could Christians at enmity among themselves preach peace to the world? For a difference of occupation is necessary, since the higher the civilisation the greater the complexity of society, the greater the wants of society, and the greater the number of men and women who try to supply those wants. Still, although separated by many things, they might yet meet on common ground—that is, if all their work were animated by the spirit of truth, which, being more fully interpreted, is the spirit of Christ. Whatever one's talents are, they are better used by being inspired by the spirit of Christ.

One's lifework may be inspired and one's conduct actuated by one of three motives—financial success, ambition or duty. In the first, which is also the lowest, a man works for money and does no work which does not either directly or indirectly further that object. No good work can be done when the motive is so low; although possibly success may crown his efforts, and he may amass a fortune, yet his life's work will not live, since it does not contain the essentials of immortality. No painter who paints for money—who is merely a "pot boiler"—achieves greatness; his name will not be handed down to posterity as one of the great living artists. What is the difference between a mere painter and an artist? The one is only a copyist, the other throws his whole soul into his work and reproduces a work pregnant with life. When a man's motive is ambition he rises higher. Ambition is, from one point of view, a better motive, but essentially a selfish one. To desire to hold a prominent place and to have one's name in everyone's mouth is really inspired by pride and thought for self. A man working for this cause cannot long retain his integrity of purpose; he is constantly thinking "Will this action or this speech further my cause and increase my popularity?" He begins to "trim," and eventually may omit what is right for what is popular.

Duty—sheer love for the work because it is one's duty—this is the only motive which never shrinks from accepting the burden and heat of the day. But because the immediate result is productive of no material benefit to the workman, the world has come to think that all such work is a failure. Christ's life, in the eyes of the world, was a complete failure. Not only did not the world believe in Him, but they crucified Him, and yet we know that

from that time until to-day men have found in Him the assurance and comfort so essential to our earthly life, so much so that it has been recently said by a member of your profession that it would be better for the whole of the medical profession were they all Christians. Measure men how you will, Christianity steps in and says, "Measure them by their spirit, measure them by their character." The standard for all time is the life and example and character of Christ. All true greatness means this, that the man has grown into the likeness of Christ. Set this before you, you who are young, with all the promise of your life before you. Come what will, success or obscurity, seek to grow into the full stature of men, seen in perfection in the man Christ Jesus.

There are three spirits which should animate you in doing your duty—a spirit of responsibility, of love and of faith. Responsibility: Look upon every talent as a divine gift, every inclination to work in one direction as a divine voice calling you to go forward and serve God in that direction. Especially does this apply to you who have the chance of relieving sickness and suffering, for you have to face not only physical suffering, but also moral depravity; and who knows better than you how large a proportion of disease is produced by a direct violation of the laws of purity and health? Men speak of the amount of suffering in the world, and yet would it not surprise you if, after a life of drunkenness and debauch, a man's body remained healthy? Who would believe in divine laws if men might treat them with impunity? If you do not bear in mind the responsibility of telling men this, you are not doing your duty either as a medical man or as a Christian. Love: That is, unselfishness. "Though I give my body to be burnt and have not charity, it profiteth me nothing." In a family the bond of union is love; and we must go out therefore into the world as members of one great family, as indeed we are; and this being the case, we are in duty bound to love one another. Others may wrong us, or fail to respond to our love—that does not relieve us from the necessity of doing good to them. It is easy and natural to love those who love us, but what is required of us is that we should do more than this—that we love those who hate us and harm us. If the genius of Christianity means anything, it is to conquer that natural repugnance to those who persecute us, and substitute for it love to them. Lastly, work in the spirit of faith. Before we have finished our work we shall have many disappointments, and, disheartened, be ready to question the wisdom, after all, of the course of action we have pursued. When perchance the consequences of a rigid adherence to truth and honesty, and it may be a refusal to pander to imaginary illness, have been professional loss; when we have in a worldly sense been undiplomatic, the subtle question will be asked, Was the sacrifice worth making? Yet Faith will answer, and the answer is true, that the end is not yet. We have worked with God, and the harvest-time is still future. That nothing that is true can eventually fail, but must live—this is, in fact, the essence of life. No true word, no honest act, no fulfilling of the spirit of Christ can return to the author of all goodness void and empty. Courage, my brothers, courage, for "we wrestle not against flesh and blood, but against principalities, against powers, against the rulers of darkness of this world." All life, all occupations, all callings have a deeper, vaster, nobler meaning than mere professional success. To you different measures of success may be given. Some of you may become famed, to some of you may come the justly rich reward of your labours, to some comparative poverty and obscurity. But to one and all of you will be open the pathway of honour and usefulness, the rewards of a conscience void of offence, and the ever-brightening prospect of that happy approval which shall be the highest recompense of every true servant of Christ, when He himself shall welcome you with words that shall thrill your souls with an unending gladness, "Well done, good and faithful servant, enter thou into the joy of thy Lord."

Funeral of Mr. J. Dixon.

THE remains of the late John Dixon were interred on Monday, October 26th, at Nunhead Cemetery. As was announced in the last GAZETTE, the funeral was of a military character. At 2.45. about sixty officers, men, and band of the Medical Staff Corps, commanded by Surgeon-Captain Rawnsley, A.M.S., fell in in the Guy's Quadrangle, and on the arrival of the transport of the corps under Sergeant Dunn (St. Bart's.), bringing a gun-carriage, the detachment set out for the residence of Dr. Dixon, *en route* for Nunhead.

The coffin, borne by sergeants of No. 2 Company (London, Guy's and St. Mary's), was placed on the gun-carriage and covered with the Union Jack and a profusion of wreaths, on the top of which rested the deceased's helmet and sword. This took place amidst rolling of muffled drums, while the officers saluted and the firing party presented arms. The march to Nunhead was commenced without loss of time, the band playing the "Dead March in Saul." The cemetery was reached by way of Peckham Park Road, and the coffin carried into the chapel where the first part of the service was held. The remains were again put on the gun-carriage and taken to the grave, where the service was completed. By this time it was twilight, and as the order sounded clearly to the firing party, "Ready! Present! Fire!" followed by the crash of the Martinis, nothing could have been more impressive.

The muffled drums rolled between each volley, and, when, after the last one, the bugles rang out on the still night air, sounding "The Last Post" and "Retire to Rest," there were but few dry eyes in the huge concourse of people gathered in the cemetery.

The men were formed up for the return, and when outside the cemetery gates the band struck up a lively quickstep. But even this could not banish reflections.

H. S. T.

Correspondence.

[N.B.—*The Editor must ask all correspondents to send their names as a guarantee of good faith. Without this no letter is published in the* GAZETTE.]

To the Editor of GUY'S HOSPITAL GAZETTE.

Fire and Smoke.

DEAR SIR,—I wish to protest against the disorderly and disgraceful conduct which prevailed at the smoking concert held on Saturday, October 24th. The noises and sundry other disturbances emanated from a group of very junior men, who profess to be members, some of the Medical School proper, others of the Dental School. On some occasions the proceedings were entirely interrupted by the noise, in spite of the strenuous efforts of a most able chairman. This was notable in the case of Mr. Goldsmith, who very kindly consented to place his services at the disposal of the concert committee. This gentleman with great difficulty, owing to the interruptions, managed to get through his first recitation, but had to give up his second in the middle, and only after a long interval was permitted to resume it.

It seems ridiculous that a collection of these junior members of the hospital should have the power of completely destroying the enjoyment of what otherwise would have been a most successful evening. Some way should therefore be adopted of putting an end to these irregularities. Three plans appear feasible:—

Firstly, that tickets should be issued for these concerts for senior men only (students in their second or third years and dental students of the same standing), and that any junior student who wishes to attend should be allowed to do so as the guest of a senior student, the senior student to be responsible for the behaviour of the junior. Or—

Secondly, that a system of "chuckers out" be instituted, whose duties would consist in gently but firmly removing anyone of the audience who should in any way interrupt the proceedings. Or—

Thirdly, that the sale of drinks should be abolished altogether in the concert-room. An arrangement might then be made by which drinks could be served all the time, or during the intervals only, in an adjoining room, *e.g.*, the library. No one, of course, would be permitted to leave the concert-room during the performance of any item in the programme.

By adopting one of these plans, those men wishing to enjoy the entertainment would probably be able to do so in peace and quietness.

I hope, Sir, that this may be the means of putting a stop to a nuisance that threatens to destroy the success of our musical entertainments, and beg to sign myself

October 25th. AN INDIGNANT SONGSTER.

Lodging-House Registration.

SIR,—I have read with some amusement, in your issue of October 24th, the letter of "Paterfamilias," who mentions that the result of taking rooms with three or four other freshmen was that he gambled. I find that three is sometimes quite enough to gamble—not that I ever do it myself—and surely if he was as keen on his work as he should have been, he could not have been led away as he evidently was. I presume that there was no urgent necessity for him to take rooms with other men. He seems to think that he would have liked his morals to have been guarded by his landlady, but I expect he will experience a revulsion of feeling when the time comes for "one or both" of his sons to enter the hospital, if there is such a system as he favours in force.

I quite agree with "Fond Parent's" letter, and should be exceedingly glad to see simply a registration system for cleanliness and suitable accommodation in force.—I am, Sir, yours faithfully,

October 26th. A BOARDER.

The Entrance in Newcomen Street.

SIR,—May I take the liberty of drawing your attention to the great inconvenience caused to students living south of the hospital, by the gate entering Newcomen Street being closed. To those who walk in, it makes a difference of at least five minutes, which places them at a great disadvantage.—I am, dear Sir, A. M. K.

Out-Patient Abuse.

SIR,—G.P's very courteous appeal in a recent issue of your journal to the out-patient staff not to take on as out-patients cases sent to them for an opinion, induces me to make through your colums an appeal to the general practitioners who are in the habit of sending up cases. Everyone is agreed on the advantage to the patient, to the doctor, to the students, and to out-patient officers of this informal method of consultation, and my sole object in writing to you is to encourage the practice. Personally I have always endeavoured to encourage it by dealing with each case so sent in the manner I think the doctor sending it would prefer. But my complaint is that in 90 per cent. of the cases sent I have to guess what the doctor would prefer. A verbal message that Mr. So-and-so sends this case, or a visiting card, with "to see Mr. So-and-so" written on it are in the majority of cases all the patient brings. Even when a much valued clinical history and report of previous treatment are forthcoming, there is generally no indication whether the patients' home surroundings and pecuniary position make it desirable that he should be admitted, made an out-patient, or sent back to his doctor for treatment. A fortnight ago a child was sent up with an excellent report, the case was obscure and

interesting, it was taken in. A few days later I met the doctor, he said the child could have been well looked after at home, and he was aggrieved at losing a case in which he took so much interest. Last week a card introduced a chronic nervous disease; incurable, not very rare. I would have taken the case in if the doctor had wished it. I guessed he did not wish it, and sent it back, and wrote a short report in the evening. As I have received no acknowledgement of my note, am I to conclude that this doctor is aggrieved at having his case returned on to his hands? I know that on previous occasions when I have acted similarly I have heard from the doctor that the patient could no longer afford to pay for private treatment, and that he wished to attend as an out-patient.

I do not maintain, that in every case the wishes of the doctor can be followed. The out-patient officer may hold a different opinion as to the severity of the case or the need for active surgical treatment. My contention is that out-patient consultations would work much more smoothly, and become much more frequent to everyone's advantage, if when sending up cases the general practitioner would both provide a report of the illness, and indicate his own preference with regard to the case being retained or sent back to him.—I am, Sir, yours truly,

A MEMBER OF THE OUT-PATIENT STAFF.

Smoking Concert.

THE first concert of the season was held in the Club Smoking-room on Saturday, October 24th, Mr. C. D. Edwards in the chair. The proceedings opened with a pianoforte solo, admirably played by Mr. Lidderdale, after which Mr. Hicks essayed to sing "The Sun and I," from the "Mikado." The first verse was rendered with his wonted finish and purity of tone, but for some unaccountable reason, in the second his feelings overcame him, and he abruptly retired from the platform. However, he made amends by his charming singing of "A May Morning" in the second part of the programme. New talent was forthcoming in the person of Mr. Soper, who played a violin solo with much charm and finish, and was accorded a hearty encore, an honour seldom vouchsafed to instrumentalists at Smokers, at least at our Smokers. He is a valuable acquisition to the hospital musicians, and should prove invaluable to the "Dis-Guysed" at Christmas. Mr. Starling, albeit hardly a freshman, made a most successful debut, and should be heard again. The display of virtuosity he gave as a Phunnyphone soloist was greeted with rapturous, not to say uproarious, applause, which will long live in the memory of those privileged to be present. Of old stagers, Mr. Jackson sang twice in fine style, Mr. Michael was heard to great advantage in the "Toreador,' while the comic element was provided by Mr. Miller. His original verses apropos of landladies fairly knocked the audience sky-high, while in the second half he recited "A Sensational Novel" in his own inimitable way. A new feature in these concerts was forthcoming in the shape of sketches by Mr. Stanley Cock. His first efforts were all excellent, but perhaps he should have stopped sooner in his second lot—more especially for his own sake; we imagine he does not find it easy to improvise *ad lib.* at the request of a howling mob, and it is not fair to expect him to do so.

Besides the above, the programme was enriched by contributions from Messrs. Stanley Graham and Frank Goldsmith, to whom we are all greatly indebted. Mr. Graham sang "Roda rode a roadster" in the first part and "They banged him into my growler," both of which received well deserved encores. Mr. Goldsmith recited "Kissing Cup's Race" and another sporting piece in grand style. We cordially sympathise with him in his protest against the disorder prevailing during his second performance, and trust that such acts of discourtesy to a visitor, or indeed to any performer, will not occur again. On the whole, the programme was greatly above the average of our Smokers, and but for the little matter referred to, must have been pronounced an unqualified success.

Guy's Hospital Ladies' Association.

THE first annual meeting of Guy's Hospital Ladies Association, was held on October 20th in the Governors' Committee room, Guy's Hospital. Mrs. Fellowes took the chair, and there was a large attendance of members. The following officers for the ensuing year were elected:—President, Mrs. Fellowes; Treasurer, Mrs. Pye-Smith; Secretary, Mrs. Lauriston Shaw; Committee, Mrs. Cosmo Bonsor, Mrs. Davies-Colley, Mrs. Goodhart, Mrs. Howse, Miss Nott-Bower, and Mrs. Frederick Taylor.

The following resolutions were carried:—

"That the Committee be requested to report to a general meeting of the Association, whether it is advisable that the Association should undertake to collect funds for the Hospital, and if so, for what special object they should be raised."

"That the Committee be requested to consider and report upon the advisability of forming local branches of the Association."

After the meeting, tea was served in the Superintendent's house, and some of the visitors were conducted to the wards and the laundry hostel.

Guy's Hospital Auxiliaries' Mess.

THE third annual dinner will take place at the Holborn Restaurant on Friday, November 27th. Surgeon-Major R. Clement Lucas has kindly promised to preside.

Tickets (price 4s. 6d.) may be obtained from S. Harrison, R. M. Barron, W. H. M. Telling, B. W. Moss, A. H. Bell, or H. Fulham-Turner.

Guy's Hospital Students' Club.

Statement of Receipts and Expenditure from September 1st, 1895, to August 31st, 1896.

1895. RECEIPTS.	£ s. d.	£ s. d.
Sept. 1.		
To balance at Bankers	55 13 3	
„ Petty Cash balance in hand	3 18 3	
		59 11 6
1896.		
Aug. 31.		
To Cash received per Clubs' Union A/c—Rent		150 19 9
„ Cash received per Clubs' Union A/c—Grant		170 0 0
„ Cash received on Library A/c		10 0 2
„ Cash received per Clubs' Union—Repayment of School Loan		100 0 0
„ Cash received per College Committee (*re* alterations in Bar)		35 0 0
„ Cash received per Pavy Gymnasium—surplus (1894-95 and 1895-96)		14 18 9
„ Cash received per sale of Wine, Beer and Tobacco		495 14 3
„ balance due to Bankers		27 15 1
		£1063 19 6

1896. EXPENDITURE.	£ s. d.	£ s. d.
Aug. 31.		
By Cash paid:—		
Furnishing Account ...		56 14 0
Newspapers, Magazines, etc.	41 0 3	
Printing and Stationery ...	9 7 11	
Sundry Disbursements ...	50 10 5	
		100 18 7
On Gymnasium Account:—		
Hon. Sec....	22 0 0	
Cleaning, &c.	9 15 0	
		31 15 0
On Library Account:—		
Mudie's Subscription ...	5 5 0	
Librarian	12 0 0	
Deposits returned ...	11 0 6	
Grattan	1 5 4	
Perkins	0 3 6	
		29 14 4
Rent Account	117 8 6	
„ „	33 11 3	
		150 19 9
General Repairs		96 3 8
Repayment of School Loan		100 0 0
Cost of Wine, etc., etc. ...	296 16 10	
Steward's allowance ...	198 17 5	
		495 14 3
Insurance		0 12 0
Petty Cash—Balance in hand		1 7 11
		£1063 19 6

Audited and found correct on behalf of the Clubs' Union.
(Signed) E. IVENS SPRIGGS.
Audited on behalf of the Students' Club, and found correct, October 14th, 1896.
(Signed) E. T. E. HAMILTON.

Re-Endowment Fund.

WITH the early advent of cold weather, it may reasonably be supposed that the minds of all good people will turn to thoughts of charity. Guy's is still an object of charity, and there is none worthier. We understand that the monies already contributed to the Re-Endowment Fund have been safely invested, but there can be no certainty as to the time when this fund will be complete, and the hospital must not languish in the meantime. The most useful and necessary course of action, therefore, is to help the Sustentation Fund, which seeks to make good the deficiency in annual income. It is in the power of every man, woman and child to contribute towards this fund—if not by large subscriptions, then by the gathering of many small ones. The raising of £15,000 to £20,000 per annum is simply a matter of securing willing workers in sufficient numbers.

Will holders of collecting-cards kindly send in the same, in accordance with the notice already issued? A new series of cards is in readiness, and the Secretary to the Treasurer is anxious to see the same at work without delay. The same remarks apply to collecting-boxes. At the same time it will be understood that collections by means of cards and boxes will not wholly suffice. In the natural order of things, regular annual subscriptions of one guinea and upwards must be the sheet-anchor of the fund. We believe it arises from want of thought, but the number of people who can well afford, and ought to afford, a guinea per annum for charity, yet never give it, includes the greater part of the adult population of Great Britain. How can these dry hearts be made to live? The Secretary to the Treasurer awaits solutions of the problem.

The approaching campaign of the "Dis-Guysed" Minstrels is alluded to elsewhere, and it is only necessary here to express the appreciation to which their practical and determined efforts on behalf of the hospital have given rise. It is always to be remembered that the extent of their influence is not to be measured by the direct money result.

The Raleigh Dramatic Club announce a performance at the Surrey Masonic Hall, on the 30th inst, in aid of the hospital funds, and we trust their efforts may be crowned with success.

And we ask that every encouragement should be given to the Dance to be held at the Grand Hall, Bromley, on Tuesday, November 24th. This is a furthur movement on the part of our friends at Bromley and Shortlands to augment the sum of £1,200—the proceeds of the Shortlands Fancy Fair—and so to endow a cot as well as a bed. A band will be in attendance, and a champagne supper and special saloon train back to town will be provided. The tickets are 10s. 6d. each, and can be obtained from Mr. J. A. Reaside, in the office of the Secretary to the Treasurer.

Passim.

THERE is no very striking event on which to comment, either in the past or future, in the present issue of the GAZETTE. But the Winter Session is in full swing, a fact which always implies a variety of minor topics for conversation; and although sport and the sciences still pursue their normal routine, there is a sense of imminent change in the air. Anxious examinees await the result of the London M.B., others gird up their loins to meet "The dread Furies with the abhorred shears" at the college or in the schools of the different Universities; the sportsman reads his name in the papers each morning and in other ways trains himself for inter-hospital competitions in the new year, while the musician descants upon the cavalier treatment of other performers at the smoking concerts and looks forward with a vague sense of dread to the grim humour of his prospective "Disguyse."

PERSONALLY, speaking from a first floor room in the Grange, Bermondsey, we look forward to nothing, for we are engaged in the all-absorbing pursuit of introducing the British public of the next generation to the world. With all its squalor and unpleasantness, the position of a student on the noble Extern charity of Guy's Hospital is by no means unenviable. Apart from the social opportunities and experience which the appointment offers, both in the sitting room of ever-green memory, the parlour in the terrace, and the innermost recesses of the Borough at large, there is that inestimable benefit of unlimited martyrdom which is the crown of enjoyment to every true Briton. The irregularity of his meals, the interruptions to his rest, the gruesome nature of his work, and the low and sordid character of his companions combine to render the Extern a source of complete and universal pity; and that pleases him, for he is, at heart, for that very reason, one of the most contented of mortals.

BUT we would wish to add to our list of necessary grievances one of which we may reasonably hope in a few years to get rid. When the Extern is appointed he receives two noxious papers from the authorities in which are described his duties and privileges. In these, instead of being treated as the martyr that he is, and recompensed accordingly, the recipient is informed that he is allowed to pay £2 for his room; he is allowed to get his food from the students' club, under certain limited conditions, for which the said noxious paper takes all the credit to itself. On the other hand, this benefit, of which use is never now made, is due solely to the courtesy of the Students' Club. Instead of posing as the benefactor, the hospital should pose as the debtor, for the Externs do at least as much work and bring as much credit to their common mother as do the dressers for the week; and it is only due to them that they should, so soon as the funds will possibly allow it, be given equal privileges of free board and lodging.

THE funds meanwhile will soon, it is to be hoped, take a further step forward. The Court of Governors is fixed to meet on Wednesday next, the 11th inst., and it is understood that several important steps will be decided on at this meeting, involving the scheme of plans for continuing the process of re-endowment during the coming winter.

AT this meeting of the whole Court of Governors it is understood that Mr. Lushington will formally resign the Treasurership of the hospital, and Mr. Cosmo Bonsor will be elected in his place. We hope to give an account of the proceedings in our next issue, as they are likely to be of more than common interest.

MEANTIME the "Dis-Guysed" have already taken definite steps for the arrangement of their winter's programme. Before this issue has left the press, an informal meeting will have been held of all men willing to assist in the performances, with a view to selecting the most suitable. The secretary will still be glad, for the next few days, to receive names of possible helpers. A dainty little programme is being issued to all men willing to pay an entrance-subscription of five shillings, whether as performers or not; and it will be worth the while of most Guy's men to join, if only for the sake of the free entrance which the ticket will secure to all performances. Original talent is expected on the programmes; and we are glad that the recent smoking concert has at least shown that Guy's is the richer this year by another good violinist in Mr. Soper.

THE smoking concert was perhaps only a mixed success. The programme was excellent, and most of the items, and a few in addition, were carried through. A novel feature of the entertainment consisted in two series of lightning sketches drawn by Mr. Cock, rather over

life-size, in a few dashing strokes apiece. Most of the first series were excellent, that of our predecessor in office being especially noteworthy, but it was a pity that the artist should have yielded to the cries of a noisy section of the audience and given in response to their call several impromptu portraits in charcoal. Mr. Cazenove's incidental music with topical allusion to the subjects in hand was very clever, and his services throughout the evening were invaluable.

THE unpleasant element, however, to which a correspondent alludes in a letter published in another column, consisted of some wretched fellows, for the most part of very junior standing, who formed a clique in the further part of the room, made night hideous, not only in excessive applauding of the performers and in shouting for a portrait of an aristocratic friend of their acquaintance, but also in interrupting, by their unseemly and unwitty remarks, some of the best performances of the evening, including those of a visitor. Such ungentlemanly and uncomfortable behaviour cannot be tolerated, and it will be necessary in future to adopt some system, preferably that of organised stewards, to prevent its recurrence. We hope, however, that this will be no bar to the recurrence of the monthly concert itself.

A SECOND correspondent calls further attention to the grievance of the back door being closed. Could not the authorities arrange for the door to be open under the guardianship of Victor or of a bathman for the space of perhaps one hour, or half-an-hour only, in the early morning?

WE regret that the want of a single shorthand writer in Guy's has prevented our recording and publishing Mr. Tubby's valuable paper to the Physical Society last Saturday on "Diseases of the Hip," and Mr. Colley's, Dr. Taylor's and Dr. Hale-White's clinical lectures this session. If no one offers himself within the next fortnight, use will have to be made, so far as funds will permit, of professional assistance.

Messrs. Brickdale, Gough and Weekes have been appointed to GAZETTE reporterships in the surgical and medical out-patients' and post-mortem departments respectively for the month of November. A stock of out-patient reports is now being laid in, and we hope to begin to publish a considerable quantity in our next issue. The chief difficulty is space or, in other words, money; for if we ever increase our issue over the usual twenty-four pages, we run into the expenses, not only of extra printing, but also of some pounds' worth of extra postage.

IN this connection an old hardy annual on the GAZETTE Committee has been definitely uprooted and destroyed. Annually, when the football, clinical lecture, and Physical Society season is in full swing, the editor finds himself the fortunate possessor of too much matter, and accordingly proposes some plan for enlarging the issue. The proposal on the present occasion was for a weekly GAZETTE, which would have had the value of bringing news concerning the hospital more up to date, and would have given space for further reports of out-patient cases and of sport. The objection was the prosaic objection of the treasurer to the committee, who pointed out that for this purpose an increased income of about £500 per annum would be required, and that our subscribers would be unlikely to pay their share of so large a burden, which for some time at least would not be met by any material increase of the advertisements. We are moving, however, for an increased levy from the Clubs' Union to enable us occasionally to bring out larger numbers than at present, and so to run to a penny instead of a halfpenny postage.

CONSIDERABLE inconvenience has been caused by the late arrival of matter for insertion in the GAZETTE. All matter must be put in the editor's box in the colonnade or posted to him by mid-day on Wednesday. It must be written on one side of the paper only, and accompanied by the writer's name as a guarantee.

IT is with very great pleasure that those who knew him will have heard of Mr. W. Ramsden's appointment to a fellowship at Pembroke College, Oxford, in succession to Dr. Andrewes, Assistant Physician to St. Bartholomew's Hospital. Mr. Ramsden was scholar of Keble College, Oxford, where he obtained a first-class in Physiology and the Radcliffe Travelling Fellowship. The latter afforded him the opportunity of doing some good original work in Physiology abroad, and we understand that he will, in a short time, take up his residence in Oxford and resume physiological work. Mr. Ramsden obtained the gold medal in Medicine at Guy's this summer. We must at the same time condole with the unsuccessful candidates, one of whom was an old Guy's man of note.

THE doings of the General Medical Council, like their composition, are very strange. They have now added an examination in the third book of Euclid to the necessary curriculum required for an intending medical student; and as this is not included in the matriculation test at Oxford and Cambridge, men are now to be seen going down solemnly from those universities to the College of Preceptors, where they may most easily be examined in the required work. If we are to have a higher standard of preparation, why should it be in the direction of Euclid?

A SUCCESSFUL dinner was given at the Bridge House Hotel on Friday, the 30th inst,, by his recent firms, to Mr. Clement Lucas and three of his house-surgeons. The latter included Dr. McIlwaine, who was Mr. Lucas' first house-surgeon.

MR. BOYD-CARPENTER has the hereditary power of speaking in a very fascinating way—the power, to borrow the latest phrase from the politics of the barbaric American, of the spell-binder. The report of his sermon in chapel some weeks ago, which we publish on another page, is good reading, and displays considerable breadth of view and originality of idea.

NAMES for the Cambridge M.B. are to be sent to the Registry by December 4th. The first M.B. examination will be held from the 14th to the 19th, the second from the 14th to the 22nd, and the third from Tuesday the 8th onwards. Names for the Oxford M.B. must be forwarded to the Secretary of the Board of Faculties, Clarendon Buildings, Broad Street, by 10.30 on November 27. Examination for the first M.B. takes place between Friday, December 11, and Thursday the 17th; the second lasts from the 11th to Saturday the 19th.

THE M.A.B. advertise a second course of Fevers, beginning with the present month. See bills in colonnade and elsewhere.

AN interesting contribution to the *Lancet* of October 31st appeared under the name of Mr. Morris, M.A., M.B., F.R.C.S., on "The importance of Bimanual Examination of the Urinary Bladder in Hæmaturia of Vesical origin from that of Renal origin."

THE energetic inhabitants of Shortlands, not content with their endowment of a bed in the Hospital this summer, are now making strenuous efforts to raise enough also to endow a cot. For this purpose a dance will be held in the Grand Hall at Bromley on Tuesday the 24th. Tickets, price 10s. 6d., may be had of Mr. Reaside, or of any member of the committee.

THE article we publish to-day, together with architect's plan of the new Brook Hospital of the M.A.B., at Shooters Hill, will be interesting probably to many of our readers, as showing the arrangement of a hospital built absolutely up to date with little or no limitation of capital. We hope in a forthcoming issue to publish a freer account of the ins and outs of life in the Brook Hospital.

THOSE in Guy's who have affected cross-country running and athletic sports will regret to hear of the death of Mr. Alan D. Hood, which took place on Tuesday the 3rd. He was son of Dr. Donald Hood, F.R.C.P., an old Guy's man, and served as secretary of the Lee Harriers and member of the committee of the L.A.C., and had done some good sprinting performances at Eton and elsewhere.

AT a meeting held in the Medical School office, on the 3rd inst., a Cricket Club was established among the officers and servants of the Hospital and Medical School. The title of "Hos.-Scho." has been chosen for the club, of which Mr. H. Cosmo Bonsor, M.P., has kindly consented to become president, and Drs. Perry and Shaw vice-presidents. The council of the Clubs' Union have generously placed a practice pitch at Honor Oak Park at the new club's disposal, once a week, and two matches have already been arranged for next season with the Students' Second Eleven. We are glad to welcome a further sign of that unity, energy and co-operation among the employés of the hospital, which was so well illustrated by their dinner in the summer.

FOOTBALL prospects are fairly bright at the present time. The combined teams of St. Thomas's and Guy's Hospitals did very well, on the whole, in their Welsh tour, and the account of those and of the other recent matches in our Sport columns will be read with interest. In the next fortnight our Rugby XV. ought to be able to win against Rosslyn and Wickham Parks, while, unless East Sheen muster a particularly strong team, we shall expect another victory against them.

The Brook Hospital.

(*See Architect's plan, page 501*).

LONDON'S newest Fever Hospital is situated on the slope of Shooters Hill, on a site which stands 200 feet above the level of the sea. The building faces the north, overlooking Woolwich Common, and is sheltered from the north and east winds. The site falls rapidly to the south from Shooters Hill Road, and the several buildings are arranged in terraces, with lovely views to the south and west across a large tract of country.

BUILDINGS.—On either side of the porter's lodge there are two distinct entrances: one, the infected entrance, by which the ambulances drive up to the receiving rooms and hospital proper; the other, non-infective, leading to the doctors' house, nurses' home, and administrative part of the hospital. On entering the latter, one notices first the large water tower which is being fitted with a water-softening apparatus capable of softening the hard water supplied by the Kent water company to the extent of 60,000 gallons per day of ten hours. This will avoid serious incrustation in the boilers and numerous pipes throughout the hospital.

The drive leads, on the right, to the steward's house and the yard where the stores are unloaded; on the left, to the residents' house, the medical superintendent's house and the nurses' home. The official block is occupied by the committee-room, the medical superintendent's office and the assistant medical officers' quarters. This block is separated by a covered corridor from the steward's office and the stores on the right and the large kitchen on the left. The kitchen, which is fitted with many novelties, is situated at a convenient spot for supplying the meals quickly to the various parts of the hospital; it is lighted by two arc lamps, gas being used for heating purposes, while all the cooking is done either by gas or steam, and there is no fireplace.

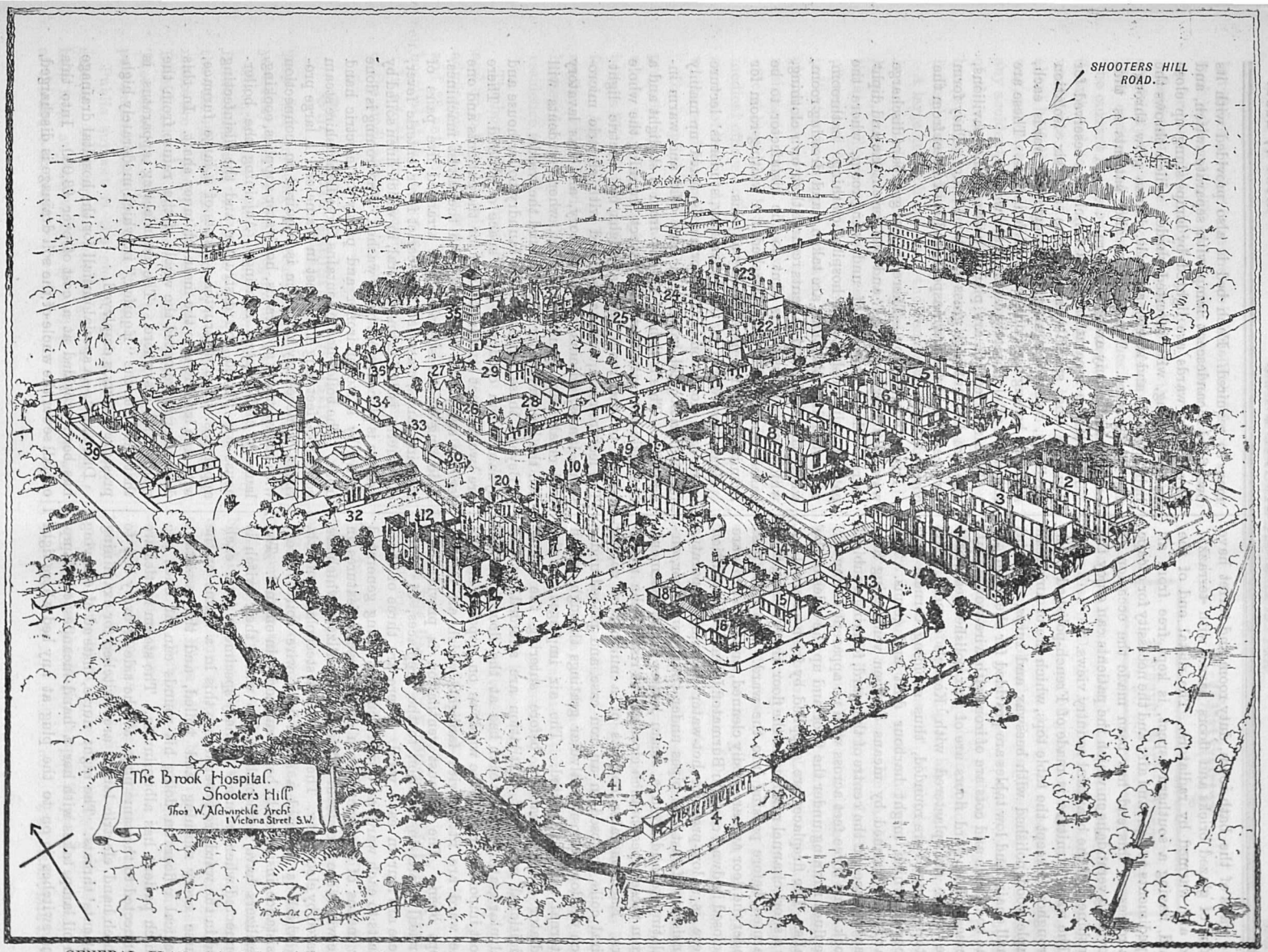
Passing the kitchen we come to a cross corridor leading on the right to the home for the male servants, under the supervision of the steward, and on the left to the nurses' home, under the control of the matron, and the female servants' quarters under the management of the housekeeper. The nurses' home consists of three blocks of buildings, the main block containing the dining-rooms and general sitting-rooms, with bedrooms for forty day charge nurses, the second containing bedrooms for seventy-four day assistant nurses, and the last block, furthest from the bustle and noise of the hospital, containing bedrooms for eighty night nurses. Each nurse has a separate bedroom, with fireplace, and an electric light which, however, may be controlled after certain hours by switches outside the building. The dining-rooms are large apartments with open roofs, and have bay windows with southern aspect. The sitting rooms are much smaller and disappointing in many ways. The matron has apartments on the ground floor of the main block, adjoining the dining rooms.

Passing on into the hospital proper, we pass the needle room and matron's office on the left, opposite to the end of the "infected" drive, up to the "scarlet" receiving room. The latter, with the ambulance, nurses' room, dispensary, and the night superintendent's office, occupy the corners at the central point of the hospital where the two main corridors cross. In the superintendent nurse's office is placed the telephonic exchange by which all parts of the hospital can be put into communication with each other.

The right half of the main corridor leads to the diphtheria and enteric wards, which are arranged in pavilions—three for diphtheria and one for enteric patients. Near the entrance to the first pavilion is situated the diphtheria receiving ward. Both receiving wards comprise receiving-room and bathroom, with waiting-room and lavatory, where the patients' friends don the holland cloaks and hoods without which they are not allowed to enter the wards. Each receiving ward is in direct communication, by covered way, with the main corridor, along which the patient is, after examination, conveyed to the wards wrapped in thick woollen gown and clean blankets, and a rubber-tyred wheel-chair or patent ambulance stretcher designed for the work. The left half of the main corridor leads to the four upper "scarlet" pavilions.

THE WARD PAVILIONS. — There are twelve main pavilions running in a north and south direction. Each is two stories in height, with an open space varying from four to eight feet in height under the ground floor. Each pavilion contains two wards, those for scarlet fever containing twenty beds, and being 120 feet long; those for enteric and diphtheria being 90 feet long, and containing twelve beds. The cubic space allowed per bed in the "scarlet" wards is 2,028 feet, and on the diphtheria and enteric side, 2,535 feet, nearly three times the space allowed in the surgical wards in Guy's. Each ward is approached by an administrative corridor thirty-eight feet long, on the right of which is a separation-ward with two beds for doubtful cases, and a duty room in which the meals are served. This duty room has bay inspection windows into the main and separation wards, by which anyone in the room may have a view of every bed in the ward. A special feature of the corridor is the large bay window on the left which looks into the airing court and supplies abundance of light and air for all parts of the annexe.

On the left of the administrative corridor is the bathroom, with two doors opening into the ward and into the corridor. There is also, near the entrance, a larder and linen store, and opposite the ward entrance a lavatory for nurses. The lavatory turret is placed on the east side of each ward near the middle, and is separated from the ward by a short passage, with windows on either side to provide cross ventilation. Each turret is provided with two w.c.'s, a bed-pan sink and a scalding sink. Over the latter is placed a rack for draining and warming the bed-pans after they have been swilled out by a patent flusher, an arrangement which cleanses the pans thoroughly and dispenses with any necessity for the unpleasantness of direct manipulation.



GENERAL PLAN.—1 to 8, Scarlet Fever Pavilions; 9 to 12, Diphtheria and Enteric Fever Pavilions; 13 and 14, One-Bed Isolation Wards; 15 to 18, Four-Bed Isolation Wards; 19, Scarlet Fever Receiving Ward; 20, Diphtheria and Enteric Fever Receiving Ward; 21, Matron's Office and Sewing Room; 22, Nurses' Home, Main Block, and Matron's Residence; 23, Night Nurses; 24, Assistant Day Nurses; 25, Female Servants; 26, Male Servants; 27, Steward's Residence; 28, Kitchen and Stores; 29, Official Block; 30, Medical Education Rooms 31, Laundry; 32, Boiler House, &c.; 33, Diphtheria and Enteric Fever Discharge Ward; 34, Scarlet Fever Discharge Ward; 35, Water Tower; 36, Porter's Lodge; 37, Doctor's Residence; 38, Mortuary; 39, Ambulance Station; 40, Workshops; 41, Rain-Water Tank.

The walls of the bath-room, duty room and turret have dados of glazed bricks and floors paved with terrazzo, and are warmed by radiators. The distal end of the ward, having a southern aspect, is kept free from all impediments to light and air; and the necessity for escape staircases at this end has been made the occasion of providing verandahs on which the patients can enjoy the sunshine and the beautiful country views.

The ward furniture is made of French-polished birch throughout, except the table tops, which are of American maple wood polished with beeswax and turps. Special small chairs and low tables are provided for the children. The bedsteads and cots are of iron, with wire-woven mattresses. The ward floors are of wax-polished teak, and the walls are plastered with Keene's cement. All internal angles are rounded, thus avoiding corners and recesses which might harbour dust and germs. The wards are warmed by means of open ventilating fireplaces, placed in the centre of the ward, forming a cubical block some three feet across with no apparent chimneys, the flues running under the floor and up the sides of the walls. The fireplaces are supplied by fresh external air by a short channel running in the floor, the air being thus warmed before passing into the ward. The flues pass under the floor and are easily cleaned, and the stoves are enclosed in dwarf cases in Burmatoff faience. In addition there is a low-pressure hot-water warming apparatus consisting of cast-iron pipes under the ground floor, circulating to and from a steam heater in the basement. From these pipes, branch circulations rise to the radiators. Each radiator consists of a number of copper spiral coils enclosed in an iron case, and placed under each window opposite valvular gratings through which external air is admitted. The air impinges on the radiator and is warmed before entering the ward. Additional means of ventilation are afforded by the valvular gratings under each bed at the floor line, and, most important of all, the windows on opposite sides of the ward are fitted with fanlights which are usually kept open. The exhaust ventilation is provided by vertical shafts in addition to the fireplaces, of which there are four in each ward. There are three of these shafts to each ward, an upward current being generated by means of a copper steam coil. Special features in the wards are the steam kettles and sterilizers, which are heated by electricity. The vessel has a steel plate beneath, to which is fastened a spiral iron wire coil of great resistance, insulated by being embedded in enamel. The sterilizers have a special plug to which their switch is connected when in use. Urinary specimens from each bed in the ward are lowered into this in a frame by the nurse every morning and boiled, and the assistant medical officer on doing his rounds can at once see which patient has albuminuria. The steam kettles are connected to the same plugs at the side of every bed to which hand electric lamps are switched for examining patients' throats. The night nurse, instead of carrying an oil lamp, takes with her a hand incandescent lamp, and switches it on to the plug at any bed where light may be required. Each bed is also provided with its own fixed incandescent lamp with separate switch, and at night the wards are lighted by lamps slung up close to the ceiling, with inverted shades, which throws the light upwards and so give a gentle, diffuse glow through the whole ward. The sleep of the patients is thus undisturbed by any excessive glare.

Besides the separation wards which are reserved for doubtful and special cases, there are six isolation pavilions, two containing four single-bed wards each, and four having each one ward of four beds. These are furnished as elaborately as the main wards.

The airing courts are placed between the pavilions, and are laid out with grass and tar paving. They form terraces with a southern aspect, and lead direct from the covered ways.

Discharge Wards.—There are two groups of discharge wards—one for "scarlet" and one for enteric and diphtheria. Each consists of undressing-room, where the patient relinquishes the hospital clothing; bathroom, where the final ablutions are taken; and dressing-room, where the discharged patients resume their own clothing, which, on admission, is sent to the disinfector to be baked, and is afterwards washed. A waiting-room for friends of patients immediately adjoins.

Near these wards is the laboratory, students' lecture room and cloakroom. The former is fitted up mainly for bacteriological work, with both cold and warm incubators. This is lighted by day from a skylight and a large window with northerly aspect, running the whole length of the room, and at night by electric light. The lecture room, with table fitted with electric microscope lamps, adjoins the laboratory, and has lavatory and cloakroom opening out of it, where students will don the hollands before going round the wards.

Beyond these buildings, the laundry boiler-house and dynamo-room occupy a large space of ground. There are two distinct laundries—one for the patients and one for the staff, both furnished with the latest machines. Adjoining the wash-house are arranged five pairs of steeping tanks, classified for scarlet fever, enteric fever, diphtheria, isolation and general, in which linen soiled by excreta is placedbefore being washed. The ironing is done partly by a steam ironer and partly by electric hand irons. The boiler-house contains three Lancashire steam boilers, 30 feet long and 8 feet in diameter. A large provision is necessary as steam is required in connection with the warming apparatus, hot water supplies, cooking, laundry and electric lighting. Adjoining the boiler-house are placed the destructor and the disinfecting apparatus. The destructor consists of a large furnace, with flue leading into the main chimney shaft. In this destructor is cremated the whole of the refuse from the wards and elsewhere. The disinfecting apparatus is that known as the "Equifex," in which moderately high-pressure steam is employed.

Drainage.—A special outfall for the hospital drainage has been provided at a cost of over £3,000. Into this outfall sewer the whole of the soil drainage is discharged,

but the rain water from the roofs is collected in an open tank holding 180,000 gallons, and from there is pumped up for use in the laundry.

Lighting.—The hospital is lighted throughout by electricity, the current being supplied from special plant. This consists of three steam engines and dynamos. The current is carried to a switch-board, and from there distributed to two systems of mains, so arranged that wards are supplied with current from both systems, about half the lights being connected to each. In this way, practically all risk of extinction of the light by any accident to plant or mains is avoided. The lighting of the wards and offices is by incandescent lamps, arc lamps being used in the stores, kitchen, laundry and boiler-house and for lighting part of the grounds.

A large gong placed near the centre of the buildings is connected to each of the separate blocks, from which it can, in case of fire, be started ringing. At the same time, smaller gongs are started ringing in some of the offices and the men's quarters. At the main gong, an indicator is dropped, showing from which block the alarm has come. These gongs continue ringing until assistance comes. The wards are connected with the official block, but between the diphtheria wards and a medical officer's office there is direct communication by means of bells. An indicator in the office shows from which ward the call has come.

The hospital buildings are separated from surrounding property by a macadam road which runs round the whole site. The hospital provides accommodation for betwee 500 and 600 patients, of which 350 are for scarlet fever. Adjoining the hospital is a complete ambulance station which provides stabling for sixteen horses, coach-houses for twenty ambulances, and a superintendent's residence and offices. A. M. O.

The hospital was opened for patients on August 31st, and up to time of going to press there have been 750 admissions of which 564 are scarlet fever, 153 diphtheria, and 33 enteric fever. There are 533 patients in the hospital at the present moment.

In a forthcoming number we hope to give some account of the medical officer's life at the hospital.

The "Dis-Guysed" Minstrels.

The first meeting for rehearsal purposes was held yesterday, and a capital programme is anticipated.

Fixtures have been definitely arranged for Woodford, Beckenham, and St. George's Hall, Langham Place, on the 7th, 9th, and 11th January, respectively. Arrangements are in progress for entertainments at Peckham, Blackheath, and Southwark. Last, but not least, the Theatre at the Crystal Palace has been engaged for a performance about the 24th February.

Public support is the one thing needed to ensure success. The Secretary will be glad to receive offers of help from anyone resident or having influence in any of the above districts.

Obituary.

Richard Bird Nason.

On the 16th of October, at Nuneaton, Warwickshire, there died in Dr. R. B. Nason an old Guy's man, and a country practitioner of great experience and position. Dr. Nason was born in 1830, and educated at Nuneaton Grammar School and at Guy's Hospital. He succeeded his father in a good practice in his native town, and rapidly assumed a prominent position in various spheres of activity. His chief professional achievement was the founding, mainly owing to his own exertions, of the Nuneaton Cottage Hospital, of which he was from the outset on the medical staff, and was for some time chairman of the committee. He was Medical Officer of the Union, the Post Office, the London and North-Western Railway, and the local Volunteer Corps—which was mainly started through his instrumentality—and an occasional contributor to the *Lancet*. He was for some considerable time chairman of the three most important foundations in the town; a consistent churchman, he was churchwarden of the parish church; and he was for long an active manager of the National Schools. As a Conservative of the old school, he was also prominently associated with the Primrose League and Conservative Club. Some three years ago Dr. Nason retired from professional life and was succeeded in his practice by his two sons. After a long period of suffering, he died on Friday, the 16th of October, and was buried on the following Tuesday in Nuneaton Cemetery. In him there has passed away a representative of the highest traditions, both social and professional, of the medical profession, and his loss will be severely felt not only in the public bodies but in the private life and affections of every class in Nuneaton.

From the Gazette's Special Pathologist.

NOTICES.

T. W. R., Woolwich.—No tubercle bacilli could be found in the sputum. There is a large quantity of pus and cocci.

E. R. M., Hastings.—Tubercle bacilli are present in the sputum in small numbers.

T. R. B. B., Tunbridge Wells.—After incubation on blood-serum the resulting growth consisted of a short bacillus, sometimes occurring in long threads not unlike a proteus. No Klebs Löffler bacilli could be detected.

T. L. D. H., Reigate.—No tubercle bacilli could be found in the sputum.

G. E. H., Ramsgate.—The growth is a sarcoma composed of round and spindle-shaped cells. It has arisen from the periosteum of the fifth metatarsal bone, and has infiltrated the diaphysis upon its plantar surface.

PATHOLOGIST.

Novelties.

THE NEW THEATRE.

It is our pleasant duty to be able at length to record the completion of a number of alterations in the operating rooms which have been in progress during most of the present year. Mention of these has from time to time been made in the GAZETTE, but as no comprehensive account has as yet been given, it may be of interest to our readers to have a concise description of the changes which have been effected.

The old theatre remains as it was, but Coel's room, Dorcas private rooms, and the space between them, from which a staircase led up to the artists' studio, have been very materially altered. The staircase, indeed, has been removed, and the new theatre has been made in its place. Dorcas private room No. 2 has been turned into a lavatory attached to the theatre, and No. 2 has been painted and freshly fitted up for obstetric operations.

Coel's room has not undergone much change except for a large double door leading into the new theatre, which serves for the admission of patients. It has been provided with a writing-desk and an armchair, and is used as a waiting-room for the surgeons and as an instrument room, but no longer for operations.

The lavatory on the other side of the theatre is intended chiefly for the use of the dressers and ward clerks. It is provided with cupboards, hooks and basins, so that they can wash their hands and put on their mackintoshes before entering the theatre. Mackintoshes left there are scrubbed by the ward-maid. Its walls, floor and fittings are in all respects similar to those of the theatre, shortly to be described. A door leads from it direct into the theatre.

In the theatre itself every endeavour has been made to carry out the aseptic principle. All dust-traps have been avoided, and all the fittings are such as can be rapidly and easily cleaned. Thus, the doors are of enamelled slate faced with glass; the walls are of quite plain plaster, with no cornice or ornamentation; the floor is of marble mosaic rubbed perfectly smooth, so that it can be washed both easily and effectually. The basins are fixed in a plain marble slab, and similar marble shelves support the iron cylinders, painted in divers colours, which contain the antiseptic solutions. The theatre is heated by hot water pipes. A large window has been made which gives an excellent light for operations during the day, while for night operations an efficient and suitably hung electric light has been provided. The operating table has a framework of nickel-plated steel tubing, which supports two glass slabs. One of these can be removed and the table thus shortened when the lithotomy position is required, while by an arrangement of screws the inclination of the glass plates can be variously altered so that a patient can be put into almost any position. To facilitate its movement the castors are fitted with ball bearings. The stools for the anæsthetist and operator are also of metal.

In short, there is nothing throughout the theatre which cannot be thoroughly and rapidly washed, and where possible a polished surface has been provided from which any dust may readily be wiped.

On comparing this with the old theatre, with its boarded floor, its tiers of wooden steps and septic onlookers, its wooden furniture, and its elaborate cornice loaded with the dust of ages, it will be seen that a great advance has been made in the direction of aseptic surgery. Instead of endeavouring to destroy, by means of antiseptics, those germs which have been introduced into the wound, the object now arrived at is to prevent the entry of germs *ab initio* by paying attention to every detail in the surroundings of the patient during the operation.

One disadvantage the new theatre undoubtedly has, and that is that its accommodation is limited. Indeed, if most of the "firm" are present at an operation, there is but little room for outsiders. But even so there is still a great improvement on the old arrangement, for it will be remembered that it was scarcely possible for anyone except the surgeon and his two dressers to see anything of an operation performed in Coel's room. In the new room no facilities are given for the presence of chance spectators, but those particularly interested in the case are enabled to array themselves, like the rest, in mackintosh and sterilised overall, and so to watch the operator from close by without fear of damaging the results.

In short, from every point of view the changes recently made have proved most successful, and the authorities are to be congratulated on having provided a theatre which, in its aseptic arrangements at any rate, if not in size, will compare favourably with those of other hospitals.

PHARMACY, MATERIA MEDICA, ETC.

DENTIFRICES.

The essential ingredients in a tooth-powder for general use are a good polishing agent and an antiseptic. The object of the polishing ingredient is to keep the teeth free from tartar. The antiseptic to prevent the fermentation produced by the action of the saliva upon the particles of food, which become lodged between the teeth and cause them to decay. The best polishing agent is precipitated chalk in an impalpable powder. It is hard enough to remove the tartar without injuring the enamel. Prepared chalk is not so good as precipitated. It is too sticky and adheres closely to the teeth, giving trouble. Many other bases are used, among them being cuttlefish bone. Cuttlefish is gritty, it has a salty taste, and is not a good polishing agent. Pumice stone is too gritty and hard and should be used only in special cases. Strontium and magnesium carbonate, and also calcium phosphate have been recommended. Charcoal is a good deodoriser, but it is liable to get in between the teeth

and under the gums, causing discolouration. Orrisroot is not advisable in a tooth-powder because it is easily fermented.

The antiseptic in a dentifrice should be powerful enough to check all fermentation and to kill all bacilli. It should be non-volatile, so that the powder may keep its antiseptic properties when exposed. Beta-napthol possesses properties which place it at the head of the list of suitable antiseptics for a dentifrice. It has very great bactericidal powers; one part in 1000 being sufficient to preserve anatomical specimens. Its odour is slight and pleasant; taste is pungent in large quantities, but in small amounts with chalk it leaves a very pleasant clean sensation in the mouth.

Carbolic acid is sometimes used, but its odour is disliked by many, and it has a somewhat caustic effect upon the mouth. Thymol or Menthol may be employed when a cooling taste is liked. They can be used in the proportion of 1 in 1000. Boric acid has no effect on the enamel of a tooth. It acts as a detergent, and is soothing and disinfectant. Its taste is somewhat bitter, but this can be easily covered by flavouring. For use as a dentifrice it must be in an impalpable powder. Eugenol, Eucalyptol, Formic Aldehyde, etc., are too pungent and volatile.

The flavouring of a dentifrice depends largely upon individual taste. The oils of gaultheria, cassia, sassafras and otto of rose are in general use. Saccharin is the best sweetening agent—1 in 2000 is sufficient. For spongy gums a myrrh dentifrice is useful. Common salt disguises the taste of myrrh. The following is a good formula:—Myrrh 1, Sodium Chloride 1, Precipitated Chalk 50, Otto de rose q. s. to flavour. Camphor is said to injure the enamel, but a tooth can be placed in camphor for a week without being acted upon. One per cent. of camphor may be added to a tooth powder for use in case of spongy gums.

Musk.

Musk has been used as a medicine from very early times. The word Musk is no doubt derived from the Arabic mishk or mooshk, which is evidently the same word as the Sanscrit moosha. The musk animal is particularly distinguished by the males secreting the remarkably strong-smelling secretion called Musk, in a plano-convex, oval, hairy bag, of which the orifice is situated just below the preputial orifice. Musk acts as a stimulant to the vascular system and brain, and afterwards proves narcotic. Its observed effects show that it belongs to the cerebro-spinants. Its effects are by no means uniform, and probably from this cause Musk has fallen almost entirely out of use in the treatment of hysteria, epilepsy, chorea, etc. Musk is used at Guy's as a stimulant in typhoid fever. It is a very expensive drug, one ounce costs £6. A number of cases of typhoid fever have been treated with musk in the hospital. A statement of the results would be interesting.

List of Books recently added to the Hospital Library.

Presentations.

By Bailliére, Tindall & Cox.—Dalton: Aids to Medicine.
„ Claudius Ash & Co.—Colyn: Extraction of the Teeth.
„ Lewis, H. K.—Pritchard: Diseases of the Ear. Dayne: Diseases of the Eye. Goodall & Washbourn: Infectious Diseases. Colman: Section-cutting and Staining. Crookshank: Bacteriology and Infective Diseases. Windle & Manners-Smith: Surface Anatomy.
„ Maclehose & Sons.—Barr: Diseases of the Ear.
„ Macmillan & Co.—Daniell: Physics for Students of Medicine.
„ Pentland, G. J.—Cunningham: Practical Anatomy (2nd edition).
„ Wright & Co.—Paget: Surgery of the Chest. Ramsay Smith: Angio-Neuroses.

Dr. Lockhart Stephens.—*Lancet*, vol. i., 1866.
Dr. W. Whitworth.—*Lancet* from 1840 to 1848. To complete the library set.
The Authors.—Goodall & Washbourn: Infectious Diseases.
The Author.—Tubby: Deformities, A Treatise on Orthopædic Surgery.
The Author.—Paget: The Surgery of the Chest.

All new works presented by the publishers are kept in a special bookcase, conveniently placed for anyone desiring to inspect them.

Royal College of Surgeons in 1896.

F.R.C.S. EXAMINATION.

	No. of Candidates.	Passed.	Referred.
Primary	195	83=43%	112
Final	85	52=61%	33

FIRST CONJOINT EXAMINATION
(Five years' regulations).

Chemistry	496	327=66%	169
Pharmacy	260	201=78%	59
Biology	475	347=73%	128

SECOND CONJOINT EXAMINATION
(Five years' regulations).

Anatomy and Physiology	531	304=57%	227

FINAL CONJOINT EXAMINATION
(Four years' regulations).

Surgery	933	598=64%	335
Medicine	1030	586=57%	444
Midwifery	940	606=64%	334

EXAMINATION IN PUBLIC HEALTH.

Primary	43	29=67%	14
Final	42	25=59½%	17

EXAMINATION IN DENTAL SURGERY.

Dental Surgery	120	87=72½%	33

Sport.

Association Football.

GUY'S 1ST XI. v. CROYDON PARK.

This match was played at Croydon on Saturday, October 24th., and after a somewhat straggling game resulted in a draw of two goals all.

Guy's won the toss and pressed at once, but play was soon transferred to mid-field. About twenty minutes from the start, MacAlpin scored out the first goal with a capital shot; Croydon, however, equalized almost immediately with a somewhat lucky goal, the ball just crossing the line. Some even play followed and then Croydon scored again; after this Guy's "bucked up" a little, and Whitcombe brought the scores level just before the whistle sounded for half-time. In the second half the play was very straggling, and though we pressed rather more than our opponents there was no score, perhaps owing to the ardoury of our forwards being damped by a heavy thunder shower; and the game ended as above stated.

Longhurst missed his kick once or twice, but this, no doubt, was due to his being out of practice; and Brown must learn to mark his men more than he does at present. Team:—

GUY'S.—M. S. Barker, capt. (goal); A Longhurst, C. T. Hilton (backs); R. W. Hall, J. C. MacAlpin, R. H. Swan (half-backs); P. S. Mandy, J. Ash, C. F. Whitcombe, G. B. Browne, and L. Humphry (forwards).

GUY'S 2ND X.I. v. WEST NORWOOD "A."
(JUNIOR SURREY CUP).

This cup tie was played at West Norwood, on Saturday October 24th, and resulted in a victory for the home team by four goals to one. Owing to the fact that one of our "halves" failed to turn up (the reason of absence given being wholly inadequate), our side was materially weakened; fortunately V. Smith happened to be on the ground and volunteered to play, at the last moment, in his ordinary clothes, and worked hard, though, of course, tremendously handicapped. West Norwood, on the other hand, were probably more strongly represented than they will be later in the season. Guy's won the toss and started with the wind and hill in their favour, and for the first half-hour the game was fairly even, but eventually the home side scored. This was followed shortly by a long shot from Camps which took effect, and Norwood got past Thomas once more before half-time, bringing the score to two to one in their favour. After starting again down the hill, West Norwood began to have all the best of the game, a tremendous gale springing up and rain coming down in torrents, all of which did not improve our chances. The home team scored two goals in the second half, one of them being from a penalty kick, and the net result was as above stated. For us Thomas played a brilliant game in goal, and Turner and Camps were the pick of the others. Team:—

GUY'S.—I. R. Thomas (goal); F. T. Turner, H. Philips (backs); V. Smith, D. G. Greenfield, H. E. C. Fox (half-backs); J. Camps, A. A. Phelps, E. J. Davis, A. A. Millar, capt., G. Chandler (forwards).

GUY'S 2ND XI. v. EWELL 2ND XI.

Played at Ewell on Saturday, October 1st, and after an excellent game resulted in a win for Guy's by two goals to love. The game was very even till within about half an hour of time, when a good shot by Phelps was bungled by the opposing goal-keeper and put through by Chandler. A second goal was put to our credit by a long shot from Ash, and immediately after this time was called. The team as a whole was in good form, especially Thomas in goal and Hughes at back, our weakest spot being our halves. Team:—

GUY'S,—I. R. Thomas (goal); V. Smith and Hughes (backs); A. G. Nash, D. G. Greenfield, H. E. C. Fox (halves); F. Hughes, A. A. Phelps, J. Ash, A. A. Miller capt., G. Chandler (forwards).

Rugby Football.

GUY'S v. CAMBRIDGE UNIVERSITY.

Played at Cambridge on the 21st. Guy's lost the toss, and Jacob started the game for Cambridge. Some scrimmaging followed, and the 'Varsity forwards, having the advantage in weight, soon rushed the ball into our twenty-five, and within a few minutes of starting, after some good passing between Bell, Mackie and Taylor, the last-mentioned scored their first try. T. Thomas converted. On re-starting, play was for some time of an equal nature, and Alexander getting possession of the ball made a good attempt to score, but was collared close to their line. Play was again taken to our twenty-five, when we were awarded a free kick, which for a time relieved the pressure. Clarke then made a good run and kicked. Thomas returned into touch, and from the throw-out, Mackie got possession and scored. Thomas converted. Cambridge continued to press, and their forwards, led by Mortimer and Thomas, brought the ball with a rush dangerously near our goal-line, and we were compelled to touch down. Shortly after the kick-off, T. G. Thomas kicked a splendid goal from beyond the twenty-five line. Half-time:—

CAMBRIDGE ... ... 3 goals.
GUY'S ... ... nil.

After changing over we held our own for a little while, but play soon came back to our twenty-five; after some scrambling play, Wetherell picked up, and with good passing between Walters and Alexander carried the ball into the home twenty-five. Cambridge gradually worked the ball back, and then with a pretty piece of combination scored through Pilkington; shortly after Susman again scored and Thomas converted. Guy's now woke up, the forwards playing very well, wheeling the scrummage and

getting away with some good combined rushes. For ten minutes play was confined to the Cambridge twenty-five, and then Wetherell, picking up the ball, scored after a tricky run. Alexander failed at the kick. Play now became very even, but just before time, Taylor again scored for Cambridge and Thomas converted. Final score :—

CAMBRIDGE ... 5 goals (1 dropped), 1 try.
GUY'S ... ... 1 try.

GUY'S v. OLD LEYSIANS.

Played at Stamford Bridge on 24th October. The Old Leysians kicked off, and a series of scrums followed in our twenty-five. Play, however, was soon transferred to the Old Leysians' quarters by good passing between Walker, Alexander and Clarke, and here more scrums followed, in which Guy's had the advantage, good work being done by Nicholson and Gibson. Walker, who was playing a much improved game at half, started a pretty bout of passing, and the ball being kicked over the line, Alexander rushed up and scored a try, which he converted. Following the kick-off, Guy's again had the best of the play, the forwards getting the ball much oftener than their opponents. The next feature of the game was a brilliant run by Alexander, resulting in a second try to his credit. Walker made a good attempt, but failed to convert. Guy's continued to press to half-time.

The second spell, on account of the rain, resolved itself into a series of scrums and dribbling rushes, back play being almost impossible, owing to the greasy state of the ball. Although Guy's were continually pressing, they only succeeded in scoring one more try by Wetherell, which Alexander, by a good kick, converted. Guy's thus won by two goals and one try to nil.

REMARKS.—Amongst the forwards, Nicholson, Gibson, Dyke and Carter were prominent, but the whole pack played very much better than the preceding Saturday. Of the backs, Alexander was in grand form, and Clarke also played very well.

GUY'S AND ST. THOMAS'S HOSPITALS v. CARDIFF.

Played at Cardiff on Saturday, October 31st. Neither teams played quite full strength. Cardiff pressed at first, but Biggs failed to take a pass on the wing, and Holland by a fine double returned the ball to the Cardiff twenty-five line. Emery now broke away and passed through Elliott to Nicholls, who secured the first try after about seven minutes' play. On starting again, the ball was brought close down to the Hospitals' line, but Moggridge relieved the position by kicking into touch. After some more scrimmaging on the Hospitals' twenty-five, Alexander got hold of the ball and made a fine run half-way down the field. On being intercepted, he passed to H. N. Clarke, who would certainly have run in if the ball had not been knocked on. Emery and Moggridge brought the ball back to the Hospitals' twenty-five line, and a drop followed from Biggs to within a dozen yards of the back line. The visitors had their work cut out for them in keeping the Cardiff forwards out, but finally a penalty kick from Biggs resulted in a minor point for the home side. After this play was chiefly just inside the Hospitals' twenty-five, Wetherell and Alexander's defence being especially sound. Savage, however, broke through and passed to Elsey—a try was obtained. Biggs failed to convert this, and soon after half-time occurred. Score :—Cardiff two tries and three minors to nil of the Hospitals.

On George starting the ball, Rae mulled, not for the first time, but Alexander got round and punted to half-way. Play was now very even, the tackling being very neat and clean. Nicholls, Biggs, Elliott and Hussey each attacked in turn but were well met, Rae's and Hanbury's tackling being very good. Play was now close to the Hospitals' line and Cornish dived over and secured a try. The Hospitals' three-quarters then showed their teeth and got close up to the Cardiff twenty-five ; but Elliott and others showed up splendidly, and drove the ball down the field. The Hospitals' men were staying right up to the finish, and there was some fine play close up to their line at the end, in which Driscoll, Biggs and Cornish were especially noticeable, scoring taking place rapidly. Score :—Cardiff four tries and five minor points to the Hospitals' nil. Teams :—

HOSPITALS.—C. B. Moggridge (full back) ; L. F. Hanbury, H. N. Clarke, K. B. Alexander and F. L. Rae (three-quarter backs) ; E. T. Holland and F. E. Wetherell (half-backs) ; H. C. Thorp, E. L. Gilbert, M. D. Wood, B. Dyke, H. L. Stephens, E. G. Goddard, H. D. Trail and F. C. Gibson (forwards).

CARDIFF.—J. E. Jones (full back) ; N. Briggs, J. Elliott, E. G. Nicholls, and V. Hussey (three-quarter backs) ; Savage and Driscoll (half-backs) ; Emery, Dobson, Blake, Cornish, Elsey, George, Bowley, and Abbott (forwards).

"REMARKS.—Taken on the whole, the game was a bit scrambly but at the same time it was interesting, mainly by reason of the excellent defence offered by the "Medicos." I do not suggest that four tries really represent the difference between the two teams, because for the greater part of the game the visitors had out five three-quarters. On one occasion, in fact, when play was in their twenty-five, and Nicholls scored his try, they had two men out of the scrimmage. Their tactics, therefore, were mainly keeping the score of their opponents. Scoring under these conditions was necessarily hard work so far as the three-quarters were concerned. It is pleasing, however, to record that the Cardiff front division adapted themselves to circumstances. At one time the great strength of the Cardiff team lay in the accurate passing of their three-quarters. Just now that does not seem to be the case, for it is seldom that a bout occurs in which one or the other of the third line fails to mull the ball. The moral of this is obvious. To compare the front divisions, Cardiff of necessity had the best of it, for they were playing eight men to their opponents' seven, sometimes six. Credit under these circumstances must necessarily be given to the medico

forwards for both gameness and staying abilities. At half, Wetherall for the Londoners was a goodish bit the smarter of the two, and spoilt a number of well meant efforts on the part of his vis-a-vis, in addition to which he made a number of clever openings for his side. Driscoll was happy on the day, but Savage, although he did one or two smart things, went in too much for the acrobatic idea. The Cardiff three-quarters, under the existing circumstances, were necessarily not seen at their best. They played a solid game in defence, but a by no means accurate one, so far as their passing is considered, yet no fault can really be found except, as I mentioned above, as regards the transfers. Elliott was in better form than he has been this season, and in addition to his good defence made a wonderfully good opening when Nicholls scored. On the other side, Rae lost points in fielding the ball, but has a wonderful turn of speed, and tackles well. Alexander, on the other hand, was sound in defence, whilst Hanbury and H. N. Clarke both tackled well. There was not much to choose between the two full-backs, except perhaps that Jones was a bit smarter than Moggridge in getting out of a tight corner."—*Western Daily Mail.*

GUY'S AND ST. THOMAS' HOSPITALS v. PENARTH.

"Played at Penarth on Monday, November 2nd. Penarth were assisted by Driscoll and Savage of Cardiff. This game was fast, open, and exceedingly interesting to witness. Both sides were aided by the decisions of the referee in this respect, free kicks being lavishly bestowed upon each. The Medicos were smart, and their defeat can only be attributable to the superior combination of the Penarth backs, Shepherd, although finding himself in the strange company of Huzzey and Driscoll, repeatedly getting the ball away. For the Hospitals' team Gilbert, Alexander and Hanbury were the pick, the Surrey County full-back doing well in his new position. Scores:—Half-time, Penarth one goal, three tries and a minor against one minor; finish, Penarth one goal, three tries and two minors to two tries and a minor. Teams:—

HOSPITALS.—C. B. Moggridge (full back); L. F. Hanbury, H. N. Clarke, K. Alexander and F. L. Rae (three-quarter-backs); E. T. Holland and F. E. Wetherall (half-backs); H. C. Thorp, L. E. Gilbert, M. D. Wood, B. Dyke, H. L. Stephens, E. G. Goddard, H. D. Trail and F. C. Gibson (forwards).

PENARTH.—C. Clemence (full back); H. G. Alexander, G. W. Shepherd, Driscoll and J. Angove (three-quarter-backs); Savage and E. Porter (half-backs); W. Gibbs, E. Edwards, G. Matthews, F. Matthews, R. Morel, T. Morris, E. Vinnicombe and T. Williams (forwards).

Referee, Mr. Crawley, Canton."—*Western Daily Mail.*

Golf.

GUY'S v. BART'S.

Guy's took a weak team to Stanmore on October 21st, and were beaten by the substantial margin of 25 holes. Of the new men, Soper played a good game. Scores—

BART'S.		GUY'S.	
Robertson	3	Coventry	0
Harmer	0	Beavis	2
Furnival	9	Duncan	0
Evans	0	Thomas	3
Whitwell	2	Shepherd	0
A. N. Other	0	Soper	2
Bailey	9	Gray	0
Amstead	9	Lacey	0
	32		7

Guy's Hospital Rifle Association.

A GENERAL meeting of this Association was held on October 30th, in the surgical class-room, the chair being taken by Mr. Dunn. The following officers were elected for service during the ensuing year:—President. L. A. Dunn, Esq. Captain: A. Pearson. Secretary: W. B. Secretan. Committee: F. G. Gibson, S. Hodgeson, B. W. Moss, W. H. M. Telling, G. H. Bedford. A vote of thanks to the chairman concluded the proceedings.

Guy's Hospital "Blue."

The following have been awarded "Blues"—

TENNIS—1895.

C. E. Michael. A. S. J. Pearce.

1896.

E. W. S. Rowland. N. Williams.

ATHLETICS—1896.

W. L. Baker. F. W. Sime.

F. E. Walker.

Appointments.

CIVIL.

ASHWIN, R. HAMILTON, L.R.C.P. Lond., M.R.C.S. Eng., has been appointed Assistant House-Surgeon to the County Hospital, York.

BARNES, J. SHEPPERSON, M.B., B.C. Cantab., has been appointed Resident Medical Officer for E. Kimberley, Public Vaccinator for Wyndham, West Australia, and Quarantine Officer.

DAGLISH, RICHARD R., J.P., M.R.C.S. Eng., has been re-appointed Medical Officer for the Isolation Hospital, Romney Marsh.

GARDNER, P. H., M.R.C.S. Eng., L.R.C.P. Edin., has been appointed Honorary Surgeon to the Torbay Hospital, *vice* F. T. Thistle, L.R.C.P., L.R.C.S. Edin., appointed Honorary Physician.

LEIGH, W. W., J.P., M.R.C.S. Eng., L.R.C.P. Edin., has been re-appointed Medical Officer for the Llanvalon Sanitary District of the Pontypridd Union.

TURNER, F. MEADOWS, M.D., M.C. Cantab., has been appointed Medical Superintendent for the South-Eastern Hospital of the Metropolitan Asylums District.

NAVAL AND MILITARY.

BROWNE, ROBLEY J. H., Surgeon, R.N., has been appointed to the "Pembroke," additional, for three months' instruction at a Metropolitan hospital; Surgeon NORMAN L. RICHARDS, R.N., is posted to Plymouth Hospital.

BRIDGES, W. P., Surgeon-Lieut.-Col., A.M.S. has been placed on the retired list.

Marriages.

TRAHERNE—HARVEY.—On the 4th instant at St. Paul's, Knightsbridge, by the Rev. Montague Villiers, Onslow Powell, only son of Major Anthony Traherne, of Halterworth, Romsey, Hants, to Muriel, eldest daughter of John Selwyn Harvey, M.D., M.R.C.P., 1, Astwood Road, S.W.

ED.—F. E. F.

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Calendar of Coming Events.

Nov. 21.—Mr. Howse's take-in; Drs., M. H. Thornely and H. Cardin; Cl., H. P. Ferraby.
Saturday, 1.15, Clin. Lec. by Dr. Pye-Smith.
U. H. H. & H.—1, Ordinary run.
8 p.m., Smoking concert. W. S. Handley, Esq., M.B., in the chair.
G. H. R. F. C.—I. Wickham Park, home.
II. Kensington, away.
III. Blackheath Prop., away.
G. H. A. F. C.—I. Kenley, home. Surrey C.C.
Cambridge 3rd M.B.—Schedules to be brought to Medical Office for signature.
„ 23.—Final Fellowship Examination.
„ 24.—Last day for names to be sent in for 1st, 2nd and 3rd M.B. Camb. Exams.
Dance, on behalf of the Shortland cot, in the Grand Hall, Bromley.
Nov. 25.—1.30, Clinical Lecture by Mr. Howse.
G. H. R. F. C.—II. Lennox, home.
Mr. Davies-Colley's take-in; Drs., R. J. Rowland and R. S. Rowland; Cl., A. W. Ormond.
U. H. C. A.—7, Cinderella dance, in Holborn Town Hall.
„ 26.—2 p.m., Demonstration on "The relationship between hypnotism and practical medicine," to members of Dr. Savage's class and senior students of Guy's, at Bethlehem Hospital, by Dr. Bramwell.
„ 28.—Saturday, 1.15, Clin. Lec. by Dr. Pye-Smith.
G. H. R. F. C.—I. Lennox, away.
III. U. C. S. Old Boys, home.
G. H. A. F. C.—I. Old Foresters, home.
II. Old Foresters, away.
U. H. H. & H. v. Oxford University, at Oxford.
Physical Society.—Paper by S. E. Denyer, on "The pathology of cancer of the breast."
„ 30.—Entertainment by Raleigh Dramatic Company, in the Surrey Masonic Hall.
Dec. 1.—January Appointment List opens.
„ 2.—G. H. R. F. C.—I. East Sheen, home.
1.30, Clinical Lecture by Mr. Howse.
Mr. Lucas's take-in; Drs., F. S. Batchelor and S. E. Denyer; Cl., H. P. Ferraby.
Last day for sending in Fees and Certificates for 1st, 2nd and 3rd M.B. Camb. Exams.
8.15 p.m., "Anthony and Cleopatra," at Public Hall, Sutton, for G. H. Sustention Fund.
„ 3.—12, Dr. Silk's Demonstration on Anæsthetics,
„ 5.—Saturday, 1.15, Clin. Lec. by Dr. Pye-Smith.
Meeting of Debating Society, 7.30 p.m.
G. H. R. F. C.—I. Old Mer. Taylors, home.
II. Brockley, away.
G. H. A. F. C.—I. Old Brightonians, home.
II. Wallington, away.

Guy's Hospital Gazette,

NOVEMBER 21, 1896.

Introduction to a Discussion on the Diagnosis between Rubeola and Scarlet Fever.

(Medical Officers of Schools Association, May 14th, 1896), by E. W. Goodall, M.D., Lond.; Medical Superintendent of the Eastern Hospital of the Metropolitan Asylums Board.

Rubeola has several other names; German measles, roetheln, rubella, epidemic rose rash. But I propose to adhere to the term Rubeola,* as that seems to be in general use. The disease is so named in Fagge's Principles and Practice of Medicine, and in the new System of Medicine, edited by Dr. Clifford Allbutt.

I apprehend that amongst those who are present this afternoon there will be no one who will deny the separate entity of this affection. Consequently I will not discuss this point, but will only say that its seasonal prevalence and age-incidence serve to separate it from measles and scarlet fever. I will also mention that four years ago I observed the occurrence within a short time of each other of, firstly, an outbreak of rubeola, and secondly, an outbreak of measles in the same ward at the Eastern Fever Hospital, and that four children convalescent from scarlet fever underwent attacks of rubeola and measles. The clinical histories of the three diseases, scarlet fever, rubeola, and measles, differ to such a degree, that the diagnosis is not difficult when one has under observation an epidemic consisting of many cases. But in one or two sporadic cases the diagnosis may be very difficult and indeed impossible. Under such conditions, however, it is harder to distinguish rubeola from a mild form of measles than from scarlet fever.

But to-day we are concerned only with scarlet fever and rubeola. Now, between well-marked examples of these diseases there can be no confusion. The real difficulty arises with mild cases of scarlet fever and cases of rubeola seen for the first time at a late stage. I will explain what I mean by relating the history of a case. Nurse C., aged 25 years, was seen by me at 6 p.m. on May 5th, 1892. She had been on duty all day, having had a slight headache since the previous night. She noticed a rash on her face an hour or so before I saw her. She had an eruption on her face and chest, consisting of

* Since this was written a new edition of the Nomenclature of Diseases has been published, in which the term Rubella has been adopted by the Royal College of Physicians.

faint pink spots. The glands were enlarged on the mastoid processes, but not elsewhere. The mucous membrane of the fauces was rather redder than usual. May 6th. The rash was more distinct in the morning; it occupied the face, trunk, and arms, but not the legs, except very slightly about the ankles. It consisted of faint spots and macules. No fresh glandular enlargement or faucial inflammation. P. 52. May 7th. The rash had now disappeared from the face, which was flushed. There was no circumoral pallor; the rash had appeared on the legs, feet, and soles, and in these regions was measly in character. On the neck, trunk, and upper extremities the spots had merged into a diffuse erythema which was punctate and exactly like that of scarlet fever. P. 68. The right tonsil was slightly swollen. May 8th. All that remained of the rash was a slight blush on trunk, arms, and legs, and macules on the feet. May 9th. Rash gone, very slight desquamation of nose and finger-tips. No further symptoms arose and no more desquamation took place. The temperature chart has been lost, but I recollect there was moderate pyrexia while the rash was coming out. Had I seen the patient for the first time on May 7th, I should, I think, without any hesitation, have pronounced her to be suffering from scarlet fever. The only point that could have given rise to hesitation would have been a very clear statement that a spotty rash had been present on the face. In a late stage, therefore, of rubeola, it may be impossible to distinguish it from scarlet fever.

If we compare the clinical characters of rubeola and the mild form of scarlet fever, there are points by paying careful attention to which help in diagnosis will be afforded. First of all as regards the *incubation period*: In rubeola this is usually over twelve days, whereas in scarlet fever it is always under a week. (Four days after the discussion, to which these remarks are an introduction, took place, I had under notice an instance where a careful attention to the question of length of incubation period might have saved a blunder. On May 18th three patients were sent to the Eastern Hospital certified to be suffering from scarlet fever, a young woman, aged 19, and two boys aged ten and six. They came from the same house. Had I seen any one of these patients separately I should have hesitated as to the diagnosis. I should have said, not scarlet fever, but query whether rubeola or some non-infectious erythema. But taking the three cases together, they made a picture between them that was fairly typical of rubeola. Now, the young woman had been living in service from May 11th to May 17th in a different house from that from which she was removed. On May 17th she went to the house where the boys lived, and she had been living in this house from April 27th to May 11th, just before she went out to service. She returned to this house on the afternoon of May 17th, and she was quite positive that the rash had appeared in the morning, before she left her place of service. During the week, May 11th to 17th, she did not leave this place. The medical certificate was dated May 17th. Whatever the disease was, therefore, from which these patients were suffering, it was highly improbable that it was scarlet fever, for it would have been a curious coincidence if the young woman and the two boys had been infected at the same time in different places. Whereas, if the disease was rubeola, all three patients may easily have been infected from a common source during the early part of the fortnight, April 27th to May 11th).

There is usually no *prodromal period* in rubeola; but when it is present the mastoid and posterior cervical, and sometimes all the superficial glands, are enlarged. Vomiting is not present, whereas this is a very constant symptom of the onset of scarlet fever. But as the rash may appear on the first day of scarlet fever and rubeola, little help is to be gained from the absence of prodromal symptoms.

The *rash* almost invariably—I think I may go so far as to say 'invariably' without the 'almost'—commences on the face in rubeola. It then spreads to the chest and upper extremities, next to the rest of the trunk, and lastly to the lower extremities, so that these regions are invaded in a fairly definite sequence. The skin round the mouth is affected. The duration is three days. The rash commences with small faint rose spots. On the face the spots usually die away without coalescing, and they may behave in the same way elsewhere. But often, as in the case of the nurse related above, on the trunk and limbs the spots merge into a diffuse erythema, which may be exactly like that of scarlet fever. I am not acquainted with any form of rubeola in which the rash is scarlatiniform from the commencement. There are cases in which the small pink spots coalesce to form larger spots and macules, more especially upon the trunk and limbs, but such cases give rise to no difficulty from the point of view of diagnosis from scarlet fever. Now in scarlet fever the rash is very rarely papular on the trunk, and not very often on the extremities; it never effects the face. It is exceedingly common to find the skin round the mouth and nostrils paler than the rest of the skin of the face. This circumoral pallor may be observed even when the cheeks are not flushed. It appears to be due to a constriction of the arterioles supplying this part of the skin. It is nearly always present in children, but less often in adults.

About the *tongue* there is nothing peculiar in rubeola, whereas in scarlet fever we look for peeling, or the "strawberry" appearance.

In rubeola it is rare to find much beyond slight swelling of the *tonsils* or the mucous membrane of the *palate*; so that any marked lesion of the fauces, together with a scarlatiniform rash is certainly scarlet fever. Within the last four days, however, I have had under my care a boy who, when admitted to the hospital, presented a well-marked spotty rash on the face, trunk and limbs—a typical rubeolous rash. But his cervical glands were very much more enlarged than is usual in rubeola, and on inspecting the throat, the tonsils were found to be enlarged and covered with a thick layer of pultaceous exudation. Bacteriological examination revealed the

presence of diphtheria bacilli; so that I take it the boy is the subject of both rubeola and diphtheria.

In rubeola, the *eyes* are nearly always suffused; sometimes there is marked injection of the conjunctival vessels. In scarlet fever the eyes are normal.

I have already mentioned that the *glands* may be found enlarged before the outcome of the rash in rubeola. The glands affected may be the mastoid, posterior cervical, axillary, inguinal, and a gland just above the internal condyle at the elbow. But while it is common to get some or all of these glands enlarged in rubeola, one occasionally but certainly meets with cases in which there is no glandular enlargement whatever. Moreover, these glands may be affected in measles, and, less frequently, in scarlet fever, even in mild cases. The glands have been described as being moderately enlarged, hard, and slightly tender in rubeola. But this very condition is occasionally met with in measles and scarlet fever. Hence I am not accustomed to lay much stress on the presence or character of glandular enlargement.

From a consideration of the *temperature* and *general symptoms* little, if any, indication of the nature of the disease is to be obtained. In rubeola the temperature may be up to 104° or 105° F. without the patient being any the worse.

It comes to this, therefore, that in the diagnosis between rubeola and mild cases of scarlet fever during the eruptive stage, we have chiefly to rely upon the character and distribution of the rash, including the circumoral ring; less helpful, because less constant, are the condition of the tongue, glands, temperature and pulse.

Of the period of convalescence the most striking and constant phenomenon in scarlet fever is *desquamation*. This begins within three weeks from the rash. It is present even when the rash has been slight and ill-marked. It commences nearly always in minute white elevations, like miliaria; the tops of the elevations are rubbed off and broken and an appearance of small rings is produced. By a further separation of the superficial epithelial cells these rings enlarge and coalesce to form irregular figures. Where the skin is thick this ringed desquamation may not be observed. The only patients in whom desquamation is wanting or very ill-defined are infants. In rubeola the desquamation is never profuse nor ringed. It is a fine branny desquamation, though occasionally from the fingers and toes large and thin flakes of epithelium may be shed, as may happen, indeed, in almost any febrile disease.

There are practically *no sequelæ* of rubeolæ. So that the occurrence of nephritis, otitis, adenitis, etc., during the period of convalescence is conclusive of scarlet fever.

A doubtful case of scarlet fever or rubeola should be isolated for three weeks to see whether peeling or any sequelæ occur. In scarlet fever the patient is probably not free from infection under six weeks from the onset of the illness. In rubeola he may be allowed to go amongst other persons at the end of ten days from the rash.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

MARY
3, 31. Chlorosis.
8, 19, 49. Mitral regurgitation.
10, 14, 36, 45. Mitral stenosis and regurgitation.
41. Mitral stenosis and regurgitation. Tricuspid regurgitation.

STEPHEN
7. Mitral regurgitation.
21. Mitral and aortic disease.
36. Mitral stenosis.

PHILIP
9, 19. Aortic stenosis and regurgitation.
29. Aortic regurgitation.

Nervous System.

MARY
11. Cerebral tumour. Trephining. Removal.
12, 31, 33. Chorea. Mitral regurgitation.
38. Hemiplegia. Granular kidney.

STEPHEN
1. Lead neuritis.
3. Compression—paraplegia.
8. Cerebral syphilis.
10. Locomotor ataxy.
13. Paraplegia. ? Cause.

PHILIP
10. Hemiplegia.
18. Paralysis of left external rectus.

Alimentary System.

MARY
2. Carcinoma of cæcum. Intestinal obstruction.
4. Ascites. Malignant peritonitis.
5, 46. Typhoid fever.
9, 23. Gastric ulcer.
21. Gall-stones.
26, 42. Carcinoma of stomach.
42. Appendicitis.

STEPHEN
15. Tuberculous peritonitis.
16. Dilated stomach.
21. Appendicitis.
32. Diarrhœa. ? Cause.
37. Cirrhosis of liver.

PHILIP
28. Gastric ulcer.
34. Cirrhosis of liver. Ascites.

Respiratory System.

MARY
1. Bronchitis and ? phthisis, left.
7, 37, 44. Bronchitis.
16, 22, 48. Phthisis.
50. Bronchiectasis.

STEPHEN
2, 5, 14, 22, 24, 39, 40. Phthisis.
4, 18, 27. Lobar pneumonia.
17. Pleuritic effusion.
28. Chronic bronchitis and emphysema.

PHILIP
1, 6, 33. Phthisis.
11. Obstruction of left bronchus ? Cause.
12, 23. Bronchitis.
20. Pneumothorax.
32. Pneumonia.
36. Phthisis. Chronic tubal nephritis.

Genito-Urinary System.

MARY
35. Chronic intestinal nephritis.

STEPHEN
9. Diabetes mellitus.
11. ? Renal calculus.
20. Hydatid of kidney.

Stephen	23, 34.	Tubal nephritis.
Philip	7, 14, 21, 27, 39.	Chronic tubal nephritis.
	30.	Renal calculus nephrolithotomy.
	31.	Renal calculus.

Miscellaneous.

Mary	27.	Raynaud's disease.
Stephen	6.	Congenital syphilis. Disseminated choroiditis.

Paralysis of left arm and leg and right third nerve. Gumma of right crus.

Case under Dr. Goodhart.

Mary 22. E. L. L., a married woman, æt. 21. Admitted at 9 p.m. on October 11th for loss of power in left arm and leg, ptosis and external strabismus of right eye.

Family history.—Mother, aged 42, caught syphilis from her husband when the patient was two months old and was being fed at the breast. Brother, aged 22½, healthy.

Personal history.—From six to twelve years of age, patient was on the music-hall stage, where she received a blow on the nose, causing necrosis of bones which were removed, the bridge being now much flattened. Patient married at sixteen; female child born, not prematurely, at age of seventeen, which lived for three months only.

Personal medical history.—Measles when a child. Has never suffered from rheumatic fever, but has had synovitis in both knees. Patient is troubled very much with sore-throat, and falling out of hair, which started soon after she was married. At this time a very extensive rash appeared on abdomen, legs, arms and face, for which patient was not treated. After her marriage the teeth became and now are loose. Patient is five months pregnant.

History of present illness.—Well-marked ptosis and external strabismus have been present for six weeks. Patient was quite well at 6 a.m. on day of admission, but at 9.30 a.m. felt very giddy; was sick and completely lost power in her left arm and leg; the sickness lasted all day, so patient came up to the hospital to be admitted. For last few weeks patient has had attacks of sickness, vertigo and headache.

Condition on admission.—Pulse, 80, soft and compressible; temperature, 99°; respirations, 18.

Nervous system.—Patient can just lift her left leg from the bed, but there is great loss of power as compared with the right leg. She can just lift her left elbow from the bed; no extension, and very slight power of flexion in fingers. Extension and supination in left forearm lost; left wrist-drop; no facial paralysis.

No sensory symptoms. Knee-jerks brisk; plantar reflex; patellar clonus; elbow-jerks present; no ankle clonus; no wasting of muscle; no R.D.; no ataxy; no retraction of head.

Eye.—Well-marked ptosis of right eyelid; limitation of movement of right eye inwards beyond middle line; divergent strabismus; crossed diplopia; secondary deviation; erroneous projection; iridoplegia; no nystagmus; no optic neuritis, but the edge of the left disc is not quite so well defined as it ought to be.

Circulatory system.—Normal.

Urinary system.—Urine constantly dribbles away since pregnancy; sp. gr. 1004, very pale, no deposits, no sugar; traces of albumen; average amount passed 198 ℥.

Respiratory system.—Normal.

Alimentary system.—Patient complains of great thirst since pregnancy; tongue furred; liver and spleen not felt.

Treatment.—On October 11th,

℞ Pot. Iod. ... gr. v.
Mist. Pot. Iod. ad. ℥j. t.d.s.

Calomel vapour bath every other day.

On 18th. Add Liq. Hydrarg. Perchlor. ℥j.
Pot. Iod. ... ... gr. v.
to mist.

Under treatment leg and arm very much improved, but eye conditions remained the same until her discharge on October 25th.

Diagnosis.—Gumma of right crus. R. B.

Case of Pernicious Anæmia.

Case under Dr. Perry.

Mary 41.—C. L., æt. 50. Married woman; has had four children and two miscarriages during her twenty-nine years of married life. She was admitted on October 23rd, under Dr. Perry, for vomiting and malaise.

Family history.—Good.

Previous illnesses.—Patient has never been strong, and has suffered for years from shortness of breath and palpitation of the heart. In 1894 she had a slight attack of cholera; has suffered from bronchitis, influenza, and of late from cold sweats and indigestion, her bowels usually having a tendency to be relaxed.

Present illness.—On July 20th, she was seized with violent sickness, and from that date she has vomited daily, sometimes as often as ten times. The attacks are very sudden, being preceded by nausea and giddiness. Patient also complained of her legs swelling, and of pains in her feet; and lately has lost flesh and colour.

Condition on admission.—Patient is pale and is of a light lemonish tint; her expression is melancholy and apathetic; the skin is dry and cold. Temperature on admission, 102°; pulse, 96; respirations, 24.

Circulatory system.—Pulse 96, small, soft and compressible; cardiac impulse not visible, but is diffuse and can be best felt close to the lower margin of the fifth rib, about one and a half inch internal to the nipple line; præcordial dulness normal. Auscultation: there is a well-marked systolic bruit heard at the apex in the same situation. Examination of the blood showed red blood corpuscles twenty-five per cent; hæmaglobin fifteen per cent.; white blood corpuscles were normal; microcytes and poikilocytes were present.

Alimentary system.—Lips, gums and tongue are pale. the latter not being furred; teeth not good; vomits frequently, colour is yellowish green and no blood;

bowels of late much relaxed and passes blood with the motions owing to piles. The abdomen is slightly distended and offers no resistance, except in the region of the spleen; liver dulness slightly increased; no tumour could be felt.

Respiratory system.—Respiration, 24; chest moves well during respiration; hollows above clavicle slightly drawn in during inspiration. T.V.F. not well-marked except at right apex. Rhonchi heard all over chest, both in front and behind.

October 24th. Since patient has been in she has vomited several times and does not seem able to keep anything down. She has developed some bronchitis. Temperature, 102.6°; pulse, 124; respirations, 32.

Tinct. Digitalis, ɱvii.
Mist. Scillæ Amm., ʒi. 4tis horis.
Peptonised Milk, ʒij. 2tis horis.

October 26th. Systolic bruit is very distinct. Temperature, 97°; pulse, 98; respirations, 24.

Oxygen, *4tis horis.*
Tinct. Iod. ɱv. 4tis horis.
Brandy, ʒiij.

October 27th. Patient is rather worse. Rhonchi still present. Systolic bruit very distinct. Bowels opened once. No hæmorrhages were found in the eyes. Temperature, 96.8°; pulse, 94; respirations, 20.

October 28th. Patient is in the same condition. Some dark purple patches have appeared on the back of patient's left hand; they are not raised and do not fade on pressure. Bowels opened once. Temperature, 97°; pulse, 98; respirations, 24.

Mist. Ferri et Arsenicalis ʒss. t.d.s. p.c.

October 29th. To-day patient is very drowsy, otherwise her condition is the same. Vomiting seems to have stopped. Temperature, 99·2°; pulse, 110; respiration, 28.

October 30th. Patient still very drowsy, and is very restless. Rhonchi clearing up. Systolic bruit audible at apex. Abdomen not so distended, nothing abnormal can be felt. Temperature, 99·2°; pulse, 104; respirations, 24.

October 31st. Patient vomited this morning. Her breathing is rather shallow and systolic. Temperature, 100°; pulse, 120; respirations, 28.

November 1st. Patient is rather worse, and towards evening got very much so and very restless. Brandy ʒvi. was administered and strychnine subcutaneously, but patient, in spite of all efforts, died at 3.30 a.m., November 2nd.

At the Autopsy.—Lungs were found to be emphysematous and very œdematous. Old adhesions over upper part of left upper lobe.

Heart.—Muscle pale, valves healthy, some fatty change of muscle substance.

Kidney.—Capsule thickened, and surface granular; a few cysts on the surface of one; shows deposition of iron.

Spleen.—Large and pulpy.

Liver.—58 ounces. Shows deposition of iron.

Brain.—Numbers of small petechiæ (sub-arachnoid) over surface of cerebrum.

Cord.—Apparently normal.

A. R. T.

In the Surgical Wards.

Cases under Mr. Howse.

Accident	24.	Fractured patella.
Naaman	6.	Enlarged glands in neck. ? Lymphoma. ? Tubercular.
	8.	Ununited fracture of tibia.
	15.	Infantile paralysis. Deformities of legs.
	18.	Old compound dislocation outwards of ankle-joint.
Charity	14.	Fractured femur.
	15.	Central abscess head of tibia.
	Cot.	Injury to brachial plexus.

Cases under Mr. Davies-Colley.

Lydia	2.	Double moveable kidney with hydronephrosis. Exploration of left kidney.
	3.	Necrosis of jaw.
	8.	Hæmorrhoids.
	18.	Adeno-fibroma mammæ.
	23.	*Nævus of tongue.*
Luke	7.	Tuberculous caries of ribs.
	8.	Teno-synovitis in palm.
	11.	Cyst of epididymis.

Cases under Mr. Lucas.

Lydia	15.	Hip-joint disease. Abscess.
	Cot.	Nævo-lipoma.
Job	2.	Varicose veins. Ruptured vein.
	6.	Flexion of knee-joint following suppuration into popliteal space.
	16.	Stricture. Epididymitis.
Charity	22.	Chronic ulcer on leg in girl of 16.
	23.	Old injury to lower epiphysis of tibia. Interference with growth, and gradual deformity produced.

Cases under Mr. Golding-Bird.

Accident	9.	Fractured surgical neck of humerus.
Cornelius	3, 18.	Fractured tibia and fibula.
	17.	Fractured femur.
Martha	1.	Needle in leg.
	6.	Strangulated inguinal hernia.
	7.	Mastoid abscess. Lateral sinus thrombosis. Meningitis.
	16.	Growth in naso-pharynx.
	22.	Enlarged patella bursa.
	Cot.	Mastoid abscess.
	Cot.	Tuberculous elbow. Erasion.
Lazarus	7.	Inguinal hernia.
	8.	Locomotor ataxy. Perforating ulcer.
	11.	Enlarged prostate. Hæmorrhoids.
	12.	Gout.
	16.	Varix at saphenous opening.

LAZARUS 17. Spinal caries. Lumbar abscess.
18. Webbed fingers.
21. Varicocele. Hydrocele of tunica vaginalis.

In the Out-Patients' Department.

MEDICAL.

UNDER DR. SHAW.—October 2nd.

CASE 1.—A clerk, æt. 22, gave the following history: Twelve weeks ago he was suddenly attacked with abdominal pain and diarrhœa: he attended a medical man who ordered him medicine, which stopped the diarrhœa, since when the motions have been normal, but the pain has persisted and usually comes on three-quarters of an hour after food. He has had no vomiting and no hæmatemesis. On examination there was no "blue line." The patient located the pain on a level with and about three inches to the right of the umbilicus. Gastric and duodenal ulcer and dyspepsia were discussed, and a diagnosis of dyspepsia made. Dr. Shaw did not think it possible to diagnose between a duodenal or gastric dyspepsia; the situation of the pain was somewhat unusual for the latter. As the condition started with diarrhœa, the pain only three-quarters of an hour after food, and the patient otherwise in good health, it was probably an irritative and not an atonic dyspepsia, and required a sedative and not a stimulant line of treatment. He was ordered Mist. Bismuthi ʒi. t.d.s. p.c., with instructions as to diet.

CASE 2.—A domestic servant, æt. 19, complained of numbness of the middle, ring, and little fingers of the right hand, and of the index, in addition to the same fingers, of the left hand. After the numbness has lasted a short time, the fingers become white, then blue and painful, in a variable time they become hot and red, and the pain gradually passes off, and they together regain their normal appearance. The attacks last from one to two and a half hours. They commenced two years ago, and occasionally they have come on as often as three times a day; lately the left foot has become affected. They are not influenced by season, but are always brought on by washing the hands in cold water. When examined the patient was in the middle of an attack. The fingers were blue, their temperature unaltered, and the pulses at the wrist were not hard. The diagnosis was Raynaud's disease.

She was advised to wear woollen gloves, to avoid cold at all times, and to take internally—

℞ Liq. Trinitrini ♏j.
Aq. Ad. ... ʒj. t.d.s.

CASE 3.—A pale-looking girl, æt. 14, working in a cigar factory, complained of cramp and numbness affecting the face, arm, and leg of sometimes the left, and occasionally the right side, of the body, the attacks coming on about once a week, usually in the middle of the day, and lasting from ten to fifteen minutes, during which her arm is useless, her gait limping, and her friends have told her that her face is drawn to one side. The patient was slightly anæmic. There were no bruits. The diagnosis made was transient functional hemiplegia.

Dr. Shaw advised the class in treating functional diseases to thoroughly examine the patient to try and discover some deviation from health, and make it the basis of one's treatment. The patient was accordingly ordered—

℞ Liq. Strychninæ ♏ iij.
Mist. Ferri Tart. ad. ʒj. t.d.s.

MEDICAL.

UNDER DR. SHAW.—October 9th.

CASE 1.—A cook, æt. 26, came up from the convalescent home at Swanley, where she had been sent after being in Miriam ward suffering from diabetes insipidus. Her family history has no bearing on the case, as she has lost sight of her relations for several years. As a child she was subject to palpitation and fainting attacks, apparently not epileptiform in nature. She says she does not think she is nervous, but often suffers from headache, and if she sees a child hit or in any way hurt it invariably brings on a severe headache. Eighteen months ago she noticed she felt languid and easily tired; in May of the present year she noticed she was passing a great quantity of urine, the bladder being emptied every hour and sometimes more frequently; she is not so much disturbed in the night, but is obliged to empty it then. She has never had nocturnal emissions. Before she was admitted into Miriam she had severe vomiting, "being unable to keep anything down." The bowels are usually constipated. Menstruation is normal. Since she has been under observation she has progressively lost weight. In the ward, benefit was derived by the application of the constant current.

The report from Swanley shows that on admission on September 19th, she weighed 8 stone 11 lbs., on the 21st the total quantity of urine passed in the twenty-four hours was 11 pints 8 ozs. On October 8th she weighed 8 stone 8 lbs., and the amount of urine passed daily was 22 pints 10 ozs. Dr. Shaw treated her with Valerian.

MEDICAL.

UNDER DR. WASHBOURN.—October 7th.

CASE 1.—An engineer, æt. 74, complained of headache and giddiness, which was brought on by quick movements and change in posture. There was no deafness. The radial artery was thickened and the pulse hard. As far as could be made out, the heart sounds were normal, but were somewhat obscured by emphysematous lungs. There was no albumen. Dr. Washbourn discussed the frequency of these symptoms in patients who live well and in association with the high arterial tension of gout and granular kidneys; and later in the afternoon a patient who suffered from gout, but had no albumen, gave a similar history, in addition to attacks of temporary loss of consciousness. In this case the apical first

sound was thickened. The benefit derived from dieting, purgatives, Iodide of Potassium, Amyl Nitrite and Nitroglycerine was discussed. Patient was ordered—

Liq. Trinitrini mj.
Aq. an. ... ʒj. t.d.s.
Pil. Hydrag. gr. v. p.r.n.

DERMATOLOGICAL.

UNDER DR. PERRY.—October 6th.

CASE 1.—In the Skin Department we noted an interesting tertiary rash occurring in a middle-aged man. It consisted of elevated gyrate patches, some the size of a florin, others larger. The centre was pink, surrounded by a red margin. A group of these patches surrounded at some distance the left nipple; over the left shoulder they were more isolated, but in the interscapular region they were closely aggregated. There was no scarring, but a considerable amount of itching was experienced by the patient. He was ordered:—

Mist. Hydrag. et Pot. Iod. ʒj. t.d.s.

CASE 2.—Another patient, a woman, showed extensive psoriasis of the arms and legs. Along the radial borders of the forearms the patches had coalesced, producing a bright red, slightly scaly surface along the ulnar surfaces of the forearms, and on the chest the patches were more isolated and typical. She was ordered:—

Mist. Arsenicalis ʒj. t.d.s.
Ung. Oleatorum p.a.

Dr. Perry mentioning that the process was too acute for tarry ointments.

From the Post-mortem Room.

DR. BRYANT.

CASE I.—T. C., a man æt. 33, had syphilis nine years ago. Two months before admission had a little pain in chest and back.

Admitted for urgent dyspnœa. His voice was husky and he had abductor paralysis of his left vocal cord. There were no abnormal physical signs in chest and his radial pulses were equal. Tracheal tugging was present. Patient had several attacks of expiratory dyspnœa during the time he was in the hospital. Six weeks after admission he died from the effects of a rapid succession of attacks of expiratory dyspnœa.

Diagnosis.—Aortic aneurysm.

Autopsy.—An aneurysm, not much larger than a walnut was found in the transverse part of the arch of the aorta, between and below the origins of the left carotid and subclavian arteries, a half-an-inch below the orifice of the latter. The opening into the aorta was three-quarters of an inch in diameter. The aneurysm bulged into the trachea, the lower part of which was very congested. There was no marked atheroma or general dilatation of the aorta. The heart was perfectly normal. The lungs were congested.

This case is of interest, because it illustrates the point that the prognosis in cases of aneurysm does not depend so much upon the size as upon the pressure upon the surrounding vital structures.

DR. PITT.

CASE II.—M. A. W., a woman, æt. 46. Had always suffered from bilious attacks. Four months before admission she had attacks of severe pain in the gastric region with retching and nausea, but no vomiting; four days later she became deeply jaundiced.

On admission her liver was found to be enlarged reaching almost down to the umbilicus on the right side. She was very emaciated and jaundiced. Coarse râles were heard in both lungs, especially at the bases. There was no dulness. Patient was operated upon; the gall-bladder was found distended, and two gall-stones, which were impacted at the duodenal orifice of the common bile duct, were removed. The jaundice was relieved by the operation, and for a time the patient improved. But later it was found that the patient was still losing weight, and her breathing became bad. Sharp crackling râles and sibilant rhonchi were to be heard all over lungs. Carcinoma of the lung, secondary to growth elsewhere, was diagnosed from the peculiar character of râles, etc.

Autopsy.—A large mass of growth was found in the head of the pancreas surrounding and invading the common bile duct, two small secondary nodules were found in other parts of the pancreas. The pancreatic ducts were distended and filled with a clear fluid. The glands in the region of the pancreas contained secondary deposits. One or two flat nodules of growth were found in the substance of the diaphragm.

The real interest of the case, however, lay in the condition of the lungs, which was very exceptional.

The lungs were large, weighing 88 ounces, and were crowded with firm, greyish-white nodules, about the size of a pea, uniformly distributed. On scraping the cut surface of lung, a gelatinous substance was obtained on the knife. No miliary tubercles, caseating nodules or vomicæ were to be seen. Before a section of the lungs was made, the sensation felt by passing the hand over the surface was exactly like that given by acute miliary tuberculosis. In fact, that was the suggestion made at the time of the *post-mortem*. On cutting open the lung, however, this view had to be relinquished, because the nodules were all in the same stage; there was no caseation, because of the gluey consistence of scraping.

This uniform distribution of carcinoma, especially secondary, of the lung is extremely rare. There is one specimen in the Guy's museum, No. 324, labelled "miliary carcinoma of lung" which is something similar in appearance. In Fagge's "Medicine," cases of miliary carcinoma are mentioned as occasionally occurring. But in both these instances the growth was primary.

DR. PERRY.

CASE III.—J. H., a man, æt. 54. A history of seven months diarrhœa and pain in rectum. He was admitted into the hospital, and six inches of his rectum was removed for malignant growth which reached within an inch and a half of his anus.

The autopsy was interesting on account of the number of lesions he had.

At the upper two or three inches of his œsophagus there was inflammation and superficial ulceration of the mucous follicles. This was probably due to the fact that the man's vitality was lowered by the growth in the rectum, and the micro-organisms which are continually passing down the œsophagus profited by this, and found a resting place in the mucous glands.

In the first part of the duodenum there was a large longitudinal ulcer, measuring an inch across, the base of which was formed by the pancreas. It had a sinuous outline and thickened edges. There were also three smaller ones higher up the duodenum; these were probably "contact ulcers." It was suggested that these were due to some septic cause, such as was found in the kidney and bladder in this case, but the age of the ulcers, with the exception of one, was against this view.

An ante-mortem clot was found in the prostatic vessels. The bladder was full of purulent urine. The mucous membrane was covered with punctate hæmorrhages, as was also that of the left ureter. There was an abscess half-inch across in the bladder wall. The kidneys were found to be "horse-shoe" shaped, and were connected by renal tissue. They were lying in the middle line of the abdomen, their lowest part reaching down to the bifurcation of the aorta.

The left kidney was found to be ecchymosed and subject to ascending suppurative pyelo-nephritis. The lower end of the rectum showed very well the "rose-bud" formation which is due to the retraction of the muscular fibres in the wall of the intestine, and hence extroversion of the mucous membrane. There was one local secondary deposit in the pelvic peritoneum. There was fibrous thickening at apices of both lungs, due to healed phthisis.

Twelve Cases of Pericarditis.

The following record of a dozen cases of Pericarditis, treated in the different wards at Guy's during the three months ending September 30th, will no doubt prove of some interest to many of the readers of the Gazette. Only salient points will be noted:—

1. A. C., male, æt. 16, under Dr. Hale White. Admitted to Stephen 32, on June 24th.

Symptoms.—Rheumatic pains all over and epistaxis.

History.—Chorea. Rheumatic fever several times with epistaxis and vomiting. ? Congen. syph.

Physical signs.—Precordial area tender; dulness increased. To-and-fro grating sound at apex, and rough cantering sound over base.

Progress.—Gradual improvement with occasional attacks of epistaxis and vomiting until July 2nd, when sudden dilatation of heart took place. Patient much distressed, and temperature variable from 100° to 102°. Pulse irregular and over 100 until the 9th, when decided improvement began, dulness diminishing and the rub disappearing. By August 27th, patient had improved so much that he was discharged. The heart's impulse had returned to just within the nipple line, and only endocardial systolic and mid diastolic murmur were to be heard at apex.

Treatment.—Digitalis and Sod. Salicyl., Brandy, and Liq. Stryct. hypodermically at the time of dilatation.

2. R. C., male, æt. 21, under Dr. Hale White. Admitted to Stephen 23, on June 27th.

History.—Both parents phthisical. Patient has had no previous illness. No rheumatism until a month before admission, when present trouble began with pain in shoulders and knees, with rigors and fever. Delirious for a week, and then dull heavy pain in side and much diarrhœa.

Symptoms.—Pain in side and wasting.

Physical signs.—Fluid in left chest which proved to be pus. Heart displaced to right of sternum. To-and-fro pericardial rub to be heard in the third and fourth right spaces, quite separable from the pleuritic rub heard on right side in mid axillary line.

Progress.—The left side of chest was drained. On July 5th, the report states, "the pericardial rub has quite disappeared and the heart is slowly returning to left side." The temperature was about 100° every evening until this date and then became normal. Patient improved steadily and went out on July 30th.

3. M. C., female, æt. 15, under Dr. Perry. Admitted to Clinical 26, on July 24th.

History.—Rheumatic fever with relapse a year ago, with subsequent heart trouble.

Symptoms.—Severe pain over præcordial area with dyspnœa.

Physical signs.—Thumping diffused impulse well outside nipple. Heart dulness increased. Loud triple pericardial rub heard all over base, and a distinct blowing systolic murmur at apex. Signs of fluid at base of left lung.

Progress.—Temperature at first ranged between 102° and 103°, but by the 27th it ranged between 100° and 101°, and there was a corresponding improvement in patient's condition. On August 2nd, præcordial dulness increased up to first space, and pain and rub both accentuated. Fulness and tenderness in epigastrium noticed next day, and patient was much worse. Mr. Lane aspirated, and four ounces of blood-stained fluid was withdrawn from pericardial cavity. Improvement followed. Temperature kept about the same. On August 12th, however, a turn for the worse started. The rub, which had been very variable, became louder. Pain and tenderness increased. On the afternoon of August 22nd, patient was much upset by a rather sudden death in the ward, and she then went downhill rapidly. She was extremely restless, with dyspnœa, and vomited a good deal, and she died early next morning.

Treatment.—Digitalis, Sod. Salicyl., and Pot. Iod. Leeches, and hot Belladonna and Opium fomentations to chest relieved the pain satisfactorily.

Post-mortem.—Heart 25½ ounces. Pericardium adherent almost all round, some of lymph quite recent.

Mitral valves shortened and thickened. Recent vegetations on aortic valves. Heart muscle degenerated.

4. S. B., male, æt. 17, under Dr. Shaw. Admitted to Clinical 6, on August 27th.

History.—Lately sore throat and lump in neck. Gonorrhœal discharge for five weeks previous to admission, and exposure to cold and wet five days ago. No rheumatism.

Symptoms.—Pain in left side. Shortness of breath.

Physical signs.—Aortic pulse. Temperature normal. Heart dulness not much increased. To-and-fro pericardial rub heard all over præcordia, but very variable both in rhythm and intensity. On September 9th, slight rise of temperature, increase of urethral discharge, and the pericardial rub louder and more definite. On the 12th, signs of fluid in left chest which proved to be serous when explored. By the 18th the chest was clear, and temperature, discharge, and rub all diminished. On September 30th, patient was still in the ward, and some pain with a rub and râles was noticed low down on left side corresponding with slight increase of gleet.

Treatment.—Resin of Copaiba Mixture.

5. A. W., female, æt. 17, under Dr. Taylor. Admitted to Mary 41, on September 4th.

History.—Rheumatic fever and small-pox.

Symptoms.—Rheumatic pains in joints.

Physical signs.—Blowing systolic bruit at apex.

Progress.—Gradual improvement. On September 22nd, a typical cantering pericardial rub developed in the third left space near sternum. There was no subjective symptom at all, but the temperature previously normal rose to 99·8° on the 22nd. This happened to be the day after patient got up for the first time. The temperature was normal again by the 24th, and the rub had disappeared by the 30th, when patient was still in the ward, but the impulse had become displaced outwards for quite an inch.

6. D. S., female, æt. 8, under Dr. Shaw. Admitted to Clinical 23, on September 8th.

History.—Scarlet fever and measles. No rheumatic fever or chorea. A month before admission a pain came on in left side on exertion, and patient wasted and became very pale. A week ago dyspnœa became marked and has steadily increased, and vomiting has set in.

Symptoms.—Dyspnœa, pain and nausea.

Physical signs.—Pulsation seen and felt over very wide area, from second left space above to sixth space outside nipple below, and just to right of sternum in third, fourth, and fifth spaces. Dulness increased to third space upwards and right border of sternum. Rough thrill felt in second left space. A harsh, loud, to-and-fro pericardial rub is heard all over the præcordial area, best at base. A loud bruit in addition was heard at the apex, but there was some difficulty in deciding whether it was systolic or diastolic—most probably the latter as it seemed to follow the radial pulse.

Progress.—The temperature, at first 100·4°, gradually lowered, and for a day or two there seemed some improvement; but the vomiting continued, and on the 10th cough became troublesome. On the afternoon of the 11th patient very suddenly became worse, acute dilatation most probably setting in. She suffered very much, being excessively distressed and eased by nothing, although Strych. and Brandy were injected and oxygen inhaled. She died at about 8 o'clock.

Post-mortem.—Heart and pericardium found most remarkably like that of case 3 (M. C.) in almost every detail, and in both the lower lobe of left lung was found small and airless.

7. E. J., female, æt. 18, under Dr. Goodhart. Admitted to Mary 19, on September 9th.

History.—Slight rheumatic pains a year ago, followed by palpitation of heart.

Symptoms.—Pains in joints and over heart region.

Physical signs and Progress.—Temperature 102°. A triple sound was heard in the third left space when examined in the front surgery, but was not suggestive then of pericarditis. On the day after, however, a typical rough pericardial rub was recognised. By the fourth day this had disappeared, and on the same day the temperature became normal. There was a slight increase of heart dulness. Patient was still in ward on the 30th, but quite convalescent.

8. N. S., female, æt 21, under Dr. Goodhart. Admitted to Mary 20, on September 10th.

History.—Bad attack of jaundice three years ago; several attacks of cramp in both legs. No evidence of rheumatism.

Symptoms.—Pain in chest, left side, and dyspnœa and vomiting.

Physical signs.—Cardiac dulness increased to second left space. Impulse interior to nipple; systolic murmur at apex. Pericardial to-and-fro rub over base. Signs of fluid in left chest.

Progress.—Twenty-five ounces of serous fluid drawn from left side, and some days later another twelve ounces. Patient very restless. Temperature from 101° to 104° during first week; then, until October 1st, temperature kept about 100°, during which time the rub disappeared. But on October 1st, the impulse was found displaced to 1½ inch outside nipple in sixth space. The temperature rose to 102·6°, and the pericardial rub was again very distinct, with a triple cantering character.

9. N. P., male, æt. 13, under Dr. Shaw. Admitted to Clinical 16, on September 11th.

History.—Cough and wasting. Exposure to cold and damp when "hopping" two weeks ago, and was delirious a few days after. No rheumatism. Two years ago he was in Stephen under Dr. Hale White for mitral stenosis and regurgitation, and went out much relieved in three weeks.

Physical signs.—Impulse diffused and external to nipple. A presystolic thrill felt at apex. Presystolic and systolic bruits loud and distinct at apex. In addition, there was a to-and-fro slight rub synchronous with heart sounds, which was thought to be exopericardial. There was also a suspicion of an aortic diastolic

murmur. Behind, on left side, there were signs of fluid at base.

Progress.—On the day after admission a marked change was noticed in the heart sounds, and a loud to-and-fro murmur was heard over tricuspid area, which became on the third day (13th September) a most typical cantering pericardial rub heard all over base. The dulness increased upwards, but the patient seemed none the worse for these changes. A week later the presystolic at apex had quite disappeared, and was replaced by a faint mid-diastolic murmur. Patient vomited occasionally. He was still in on the 30th and was improving steadily, the pericardial rub had disappeared, and there was again a suspicion of an aortic diastolic in addition to the systolic and mid-diastolic murmurs which persist at apex.

Treatment.—Digitalis, Aconite, and Potass. Iodid. In this case two Leeches, and hot Belladonna and Opium fomentations greatly benefited the patient.

10. A. B., male, æt. 27, under Dr. Washbourn. Admitted to Stephen 31, on September 15th, for primary lateral sclerosis.

History.—Only measles and influenza.

Progress.—On September 21st, a blowing systolic murmur at apex was heard, and in the region just internal to apex rough to-and-fro pericardial rubs were heard at the same time. The temperature remained unchanged, always below 99°; there were no subjective symptoms at all; dulness did not increase nor was the impulse displaced, and both murmur and rub quite disappeared by the 23rd of September. Patient was still in ward on the 30th and had no return of cardiac sign.

11. R. S., female, æt. 14, under Dr. Hale White. Admitted to Mary 3, on September 17, for pain in chest and general weakness.

History.—Scarlet fever followed by obstinate otitis. Patient has never had rheumatism, but both parents are rheumatic.

Physical signs.—Diffused impulse external to nipple, Cardiac dulness increased all ways. Well-marked double pericardial rub heard all over præcordia, but best over base. Some temperature 101·6°.

Progress.—Next day (18th) temperature down; no pain. Character of rub changed and is now cantering. On the 19th dulness had increased, the rub was louder and rougher, pulse fast and irregular; no pain. On the 21st, systolic murmur heard in mitral and pulmonary areas. Vomiting rather troublesome. The rub disappeared by the 23rd and the bruit by the 25th. Patient was still in on September 30th, when a reduplicated first sound at apex was the only remnant of former adventition sounds. She has improved very much.

12. J. B., male, æt. ? 40, under Dr. Shaw. Admitted to John 1, on September 20th, for weakness and swelling of legs and feet.

History.—Smallpox; pleurisy; syphilis; alcoholism. No rheumatism.

Physical signs.—Patient very nervous and excitable. Legs swollen and œdematous to above knees; great tremor of hands and tongue. Trace of albumen in urine and a few granular casts. Discs normal. Cardiac dulness increased; impulse very faint, interior to nipple. Systolic bruit heard at apex, and a loud, somewhat whistling, to-and-fro grating synchronous with the heart sounds heard all over the base.

Progress.—Patient became more and more restless, excitable, and shaky. The rub altered rapidly in character and quite disappeared by the third day. On the evening of the 23rd he became quite unmanageable, and was only just stopped rushing out of the ward. A wet pack was ordered and patient firmly enveloped in several blankets; later he was removed to the strong room. His tremor became more and more violent; he became comatose at 8 a.m. next morning, and died at noon.

Post-mortem.—A large acutely dilated heart was found and a small patch of lymph on the pericardium over the right auricle. The kidneys seemed apparently normal. Nothing else was found worthy of note.

It is interesting to notice that eight of the twelve cases were admitted in September, which was this year unusually wet. The sexes are equally divided. The ages in nine cases range between 13 and 21. In eight of the twelve cases there is no definite history of rheumatism.

C. T. A.

Aphorisms.

(A long way after Hippocrates).

ὁ βιὸς βραχὺς, ἡ δε τεχνὴ μακρή, ὁ καιρὸς ὀξύς, ἡ πειρὰ σφαλερή, ἡ δε κρισὶς χαλεπή.

1. Life is short, the curriculum long; examiners treacherous, tips fallacious; fees exorbitant, diplomas valueless.

2. Of making many treatises there is no end, and a superfluity of lectures causeth ischial bursitis.

3. Whoso seeketh appointments seeketh grief and heartburning, for the thyrsis-bearers* are many, but the inspired few.

4. The art consists in three things—the disease, the patient, and the house-physician.

5. He that would acquire a competent knowledge of medicine ought to be possessed of the following advantages:—Natural ability; competent instructors; favourable conditions for study; early tuition; indomitable perseverence; ample capital.

6. General practice is harassing; specialism lucrative; midwifery laborious; life assurance responsible; hospital measures radical.

7. Dentistry is golden; ophthalmology cleanly; throat-work sanguinary; otology circumscribed; pessary

*A term applied to the general body of worshippers in a Greek temple.

practice debasing; hygiene elevating; clubs demoralising.

8. Whoever would prosper in private practice must first master all these; must possess presence of mind, gentlemanly manners, true sympathy, an iron constitution, an even temper, a head for figures, knowledge of human nature, a devoted wife.

9. The successful practitioner understands three things—the digestion of infants, the nervous organisation of women, the infirmities of age.

10. The physician is a frequent worshipper in the temple of the dead, but the surgeon's memory for mortal cases is ephemeral.

11. The physician recognises the limits of his art, but the surgeon discredits himself by attempting the impossible.

12. A scientific operation requires three conditions—accurate diagnosis, carefully-planned details, patient nursing.

13. The most acute cases are those which are suitable for the surgical wards; the next most acute are suitable for the septic wards; after these come cases suitable for clinical; then those suitable for the medical wards; cases more chronic than these are cases suitable for another hospital; and if there be any others yet more chronic than these, they are eminently fitted for a parish infirmary.

A. J. S.

Novelties.

PHARMACY, MATERIA MEDICA, ETC.

IPECACUANHA.

Ipecacuanha was not employed in Europe prior to the year 1672. At that date a traveller named Legras, brought from South America a quantity of the root to Paris. It was prescribed by Helvetius, a young Dutch physician then living in Paris, but it appears that no success was obtained at first, the drug being administered in too large doses. In 1680 a merchant of Paris named Gariner, became possessed of 150 pounds of ipecacuanha, the valuable properties of which in dysentery he vaunted to his medical attendant Afforty, and to Helvetius. Gariner on his convalescence made a present of some of the new drug to Afforty, who attached to it but little importance. Helvetius on the other hand was induced to prescribe the root in cases of dysentery, which he did with the utmost success. It would appear that in those days the physician was not above advertising, for Helvetius had placards affixed to the corners of the streets announcing his successful treatment with the new drug. The fame of the cures effected by Helvetius reached the French court, and caused some trials of the drug to be made at the Hôtel Dieu. These having been fully successful, Louis XIV. accorded to Helvetius the sole right of vending his remedy. Helvetius kept his remedy secret until 1688, when he sold it to the Government for 1000 louis-d'or. Since this period Ipecacuanha has fully maintained its reputation as a remedy in dysentery; in India since the year 1858, when the administration of Ipecacuanha in large doses (30 grains) began to be adopted, the mortality in the cases treated for this complaint has greatly diminished.

We now know that Ipecacuanha contains two distinct alkaloids, emetine and cephaëline. The pharmacology of these alkaloids has been fully investigated. Cephaëline acts as a moderate poison upon voluntary muscle; it contracts the walls of the blood-vessels to a moderate amount, this being due to a local action of the drug. Upon the nervous elements of the heart it has a moderately strong action, but the heart makes a good recovery after the drug is washed out, even two or three successive times. Emetine is less poisonous to voluntary muscle than cephaëline, but it has a more powerful effect upon the blood-vessels, and recovery is not so complete. Its effect upon the heart is almost precisely the same as cephaëline. Cephaëline appears to be the better emetic of the two, acting in doses of from $\frac{1}{12}$ to $\frac{1}{6}$ of a grain. Its action is certain, and it is comparatively free from depressing effects upon the circulation. Emetine is not so active as an emetic, the dose being $\frac{1}{4}$ of a grain. Owing to its slow action, cephaëline is not suitable as an antidotal emetic in cases of poisoning. Cephaëline has no action on the nasal secretion, while the effect of emetine is very evident. Both of them cause pronounced salivation.

That Ipecacuanha possesses undoubted powers in checking dysentery cannot be disputed. The mystery is what is the constituent that exerts this power. The chemist can only find alkaloids, a little volatile oil, and vegetable tissue. The physiological action of the alkaloids does not indicate their utility in dysentery. Ipecacuanha deprived of its alkaloids, the so-called de-emetised ipecacuanha, is equally as valuable in the treatment of dysentery as the ordinary drug. In India it is used because large doses can be given without inconvenience to the patient.

Ipecacuanha has a special application at Guy's. It is employed with success in the treatment of anthrax or malignant pustule, both internally and externally. In Guy's bacteriological laboratory it has been demonstrated that pulvis ipecacuanhæ, but not emetine, has a very decided power of destroying the vitality of bacillus anthracis when growing in broth and free from spores, but that it has no effect on anthrax spores, even after acting for twenty-four hours.

De-emetised Ipecacuanha is now prescribed in the wards. The reports of the results of its administration will be interesting.

SOLUTION FOR REMOVING SILVER STAINS.

Stains caused by nitrate of silver, can be readily removed from linen, cotton, wool, and also from the skin by the following application. Hyd. Perchlor. 5, Ammon. Chlorid. 5, Aq. Distil. 40.

On the Sterilisation of Metal Instruments.

Lévai recommends that metal instruments should be boiled in water containing one per cent. of caustic soda, instead of in plain water, or in water to which sodium carbonate has been added. He maintains that for steel to rust, there must be simultaneously present carbon dioxide, moisture and oxygen, in a free condition. Where any one of these factors is absent, rusting cannot take place. When caustic soda is added to the water in which the instruments are boiled or kept, the carbon dioxide is held up, as it were, by the soda, and in consequence the instruments do not rust. He says that in practice they may be kept in this solution for hours, and they will be found as bright at the end as when they were put in. If this be so, it would be interesting to learn what is the experience of those who now use lysol, and formerly used "carbolic" lotion for their instruments. Lysol, being a distinctly alkaline solution, ought to act in the same way as the caustic soda solution.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

All specimens to be addressed to the Gazette Pathologist, Medical Office.

Diphtheria specimens are to be labelled *Immediate*.

Postal Orders to be made payable to Mr. C. H. Wells.

NOTICES.

E. R. M., Hastings.—Tubercle bacilli are present in the sputum in large numbers.

J. M. C., Fishguard.—No tubercle bacilli could be found in the sputum.

PATHOLOGIST.

Clippings from the "Guy Fawkes Gazette."—The cycling mania having now taken firm hold of the fashionable world of Guy's, it is expected that there will be a large meet on the 5th at Hampstead Heath, when many effigies of light and leading will be mounted on boneshakers of the most elegant and combustible description. Guy's, don't forget to light up at 5.40 p.m. next Thursday! Great anticipations are being entertained of the forthcoming procession of auto-Guys on their motor cars.—*Punch*, September 7th.

Re-Endowment Fund.

One very marked result of a public appeal is the public demand which follows. Within certain well-defined limits, the hospital authorities promise attention and treatment to patients recommended by donors and subscribers, and this privilege is being largely exercised, and by those who having given once may often be depended upon to give again, provided their poor protégés are never sent away empty or half filled.

In this connection it is most interesting to note that although Thomas Guy never anticipated that his charity would have one day to partly depend upon the gifts of others, yet the conditions under which he founded the hospital make it peculiarly easy to fall in with the views of subscribers. The system in vogue at some great hospitals of discharging a patient before that patient has received all the benefit possible from a stay in the wards must frequently outrage the public mind, which fails to grasp that two operations, or courses of treatment, may be of greater service to humanity than one prolonged cure. Happily, at Guy's we are strangers to this dilemma. Faithful to the wishes of the founder, Guy's never sends away its patients while anything remains undone for their comfort or benefit.

How could it be otherwise, with that wonderful inscription cut into the marble of his tomb, "He established this Asylum for that stage of languor and disease to which the charities of others had not reached"? We well remember with what force and tenderness the late Mr. Arthur Durham, when he last addressed the students as their teacher, insisted upon the fact that one of the distinguishing features of Guy's Hospital had been that patients should be allowed to remain in so long as there was any likelihood of their deriving benefit from the hospital, and this had come about because old Thomas Guy, when a Governor of St. Thomas's Hospital, was not quite satisfied with that institution, because he so frequently noticed that poor patients were sent out of the wards before they had acquired all the benefit they ought to have done, and he determined to build a hospital for himself where this defect should be remedied.

Long may this noble tradition remain unsullied. From this broad basis of humanity we have made our appeal; on this ground we believe that appeal will meet with a full response, but—and we speak with a full sense of responsibility—on that ground alone.

Since our last issue, the Re-endowment Fund is richer (*inter alia*) by an anonymous donation of one thousand pounds, obtained through the influence of an old Guy's man. One more to the growing list of endowed beds.

Passim.

At a meeting of the Court of Governors, held on Wednesday, ten days ago, Mr. Edward Lushington resigned the office of treasurer to the hospital, and his resignation was accepted with regret. Mr. Lushington has now been treasurer for twenty years, during which time several reforms of the utmost importance have, partly on his own initiative, and entirely with his co-operation and assent, been most successfully effected. The present most excellent system of nursing in the hospital is a sufficient justification of the changes introduced in the very beginning of Mr. Lushington's tenure of office; and the Nursing Institute and the Hostel are both products of the same movement. The growth of the medical school during the last twenty years has been no less remarkable. The college and gymnasium have been built, the students' club and many societies inaugurated and brought into co-operation under the Clubs' Union, and new buildings erected for bacteriological, chemical, dental, and, most recently, for physiological work, in most of which things Guy's has been in front of the other hospitals of London. The foundation of the dental school is an event of far-reaching importance, while the enormous financial collections that have been initiated, and in a considerable degree effected, in order to supplement the failing income of the endowment, would, of themselves, have been sufficient to mark Mr. Lushington's treasurership as noteworthy in the annals of the hospital.

But in Mr. Lushington himself the hospital loses a personality which will be missed for many a long day. The biography of him which we hope to publish in our next issue shows a history of which any man may be proud; and many Guy's men have failed to realize that in the fine old English gentleman, whom they have frequently met in the colonnade and in the wards, they have seen a man who proved his metal in the Indian mutiny and held with honour one of the highest positions in the Indian Government. To those, who knew him personally Mr. Lushington's charm of manner and never-failing courtesy will always be a pleasant memory, while all will remember in him a notable character and a dignified representation of the system of official privilege which the fashion and exigencies of the time are now seeking to overthrow.

On Thursday, the 12th, the day after his retirement, Mr. Lushington was entertained by the Staff at their annual dinner at Limmer's Hotel. A pleasant evening was passed, and Dr. Pye-Smith in his happiest mood proposed the health of the guest of the evening.

As has already been announced in the columns of this Gazette, the resignation of the late treasurer is accompanied by a considerable change in the system of management, dependent to no little extent on the increased influence which it is considered that the public should exercise in right of its large share in the re-endowment and sustentation of the hospital. An account of these changes will be given as soon as circumstance and the authorities will permit. But the first change is a matter of common knowledge, for it is now commonly known that in the future, at least for some time to come, there will be no resident treasurer. It is a matter for general regret that the resident management of the hospital will in future be entirely professional, for the layman is able to see matters from a more impartial point of view than the physician or the nursing authority, and is in a position to vindicate in considerable degree the rights of the patient, where they may seem to be at variance with those of the nurses or medical staff. His presence also adds a certain pleasing variety to the somewhat narrow uniformity of life in a London hospital.

For the present, however, there is little to fear. In Mr. Cosmo Bonsor, who has succeeded to the treasurership, the hospital is assured not only of sound finance and good business qualities, but also of energy, activity and kindliness in their application. Mr. Bonsor will be frequently at Guy's, and has already entered with zeal into the duties of his new post; while both he and Mrs. Bonsor figure already on the official list of some of the institutions connected with the hospital. We hope to publish portraits and biographical sketches of both Treasurers in our next issue.

Speaking of treasurers reminds us of presidents; and we were pleased to find, through the somewhat circuitous channel of the *Times* for the 12th inst., that the Prince of Wales had sent a gift of sixty pheasants to the hospital.

Money still comes in to the Re-endowment office from time to time. A bed is now to be

endowed anonymously in the name of W. H. A. by a donor who wishes to remain anonymous. The donation comes through an old Guy's man in practice at Blandford, Mr. G. W. Daniell. Another remarkable gift is that of Mrs. Boyer, a patient who left Bright ward last June, and largely by her own work—and most beautiful work it was—realized the sum of £25 as the direct proceeds of a bazaar and sale of work at Stoke Newington. Together with what she has collected she hopes to hand in a cheque of £100 to the fund.

CHRISTMAS is not very far off, and the milliners and stationers are already beginning to decorate their shop-windows with seasonable cards of variable merit. Personally, we hate the annoyance of buying cards, very few of which are a pleasure to look at, and still fewer display any humour or originality.

A CHRISTMAS CARD has accordingly been especially prepared for the GAZETTE, and may be ordered beforehand of the librarian, at two shillings the dozen, envelopes included. Orders should be given or sent by post as soon as possible, since a limited number only will be available. A specimen copy may be seen in the library; but it would be inadvisable to describe it here, seeing that our lady friends and relatives, to whom we should most wish to send copies, peruse these columns greedily each fortnight. In form it resembles an etching, and it is enough to say that, in the opinion of those who have seen it, the card is so great a success as to be well worth framing. The attention of both nurses and students is called to this new venture, which we believe will please them as much as it has pleased us. Our first order is for a sovereign's worth from a member of the staff and his family; and the Re-endowment Fund are going to make very plentiful use of the card to the tune of some thousands.

THE musical and dramatic talent of the hospital, it appears, is by no means limited to the Nurses' Choral Society, the Dis-Guysed Minstrels and the Charities' Room. For, on Wednesday last, a most successful concert was given on an unpretentious scale to the nurses and a few limited guests in the Council Chamber, which was kindly lent for the occasion by the Treasurer. Messrs. Lidderdale and Fortescue-Brickdale were the originators and organisers, and the programme and account given in another column will show that sober music and nigger-minstrelsy are not incompatibles either in the community or individual. Indeed, we imagine there were several who preferred this latest entertainment to that in which they play a part every Christmas, on behalf of the hospital and its inmates.

A FURTHER proof of the original musical talent in the hospital is given in the announcement that on Wednesday and Thursday, the 2nd and 3rd of December, there will be presented in Sutton Public Hall, in aid of the hospital funds, a musical burlesque entitled "Anthony and Cleopatra." This has been composed for the occasion by Messrs. W. R. Cazenove and Balfour D. Adamson, the conductor of the "Dis-Guysed" Minstrels, to an excellent libretto by Mr. A. A. Miller who will, of course, play a prominent part. Seats at 3s., 2s. and 1s. may be booked in advance on application to any of the above gentlemen. Guy's men are exhorted both for the sake of the funds, for their own pleasure, and for the encouragement of the authors to bring themselves and a numerous company with them.

WE were sorry not to be able to announce in our last issue another original effort on the stage by an old Guy's man, in the shape of an operetta entitled "When the Cat's away," by Dr. A. Kenward Matthews, Hon. Doctor to the Theatrical Choristers' Association, on behalf of which institution the piece was produced at the Garrick Theatre, on Thursday, October 29th. We wish Dr. Matthews all success as a composer and dramatist, and hope we shall hear more of him.

PUBLIC dinners are amongst the orders of the day. Of these the annual banquet of the Guy's Auxiliaries' Mess is fixed for Friday, November 27th, at the Holborn Restaurant, with Surgeon-Major R. Clement-Lucas in the chair. So we are told by the two chief hospital artists, whose striking productions are prudently placed as far distant as possible, in the colonnade and smoking-room respectively.

OTHER gaieties in prospect are the dance on behalf of the Shortlands Cot in the Grand Hall at Bromley on Tuesday next November 24th, and two Cinderella Dances of the United Hospital Cycling Association in the Holborn Town Hall on Wednesdays November 25th

and February 24th at 7 o'clock. Tickets for the former at 10s. 6d. may be obtained of Mr. J. A. Reaside at Mr. Wells' office, and for the last at 4s. 6d. each, 8s. 6d. both, or 16s. for two tickets at each, of Mr. J. E. L. Bates, Guy's Hospital. Furthermore at the Surrey Masonic Hall the Raleigh Dramatic Company will give an entertainment—"The Three Hats" and "The Journey's End,"—on Monday, November 30th, tickets for which may also be had of Mr. Wells.

NURSE PARRETT, who is doing sister's holiday work in Mary ward, and has been given the position of Sister, and its consequent insignia, has come back to the hospital for another spell of work, after an absence of some years. She underwent the ordinary course of training as a nurse, and is well remembered as having for some time performed the duties of night sister with marked ability. We are glad also to see Nurse Hodges in full array as sister of the out-patient department. When nurses after a long spell of service exhibit every quality that is required to make a good sister, it would seem to be only due to them as well as to the hospital that they should be given the change in rank. Doubt is often expressed whether full use has always been made of this recruiting ground for the sistership; but it is barely possible for those who see only one side of a nurse's qualifications to decide fairly on the subject, and perhaps in this matter it is best to abstain from criticism.

WEIRD and wonderful are the doings of the local authorities in these parts. It is apparently more misguided zeal than idleness that makes St. Thomas's Street from time to time into a veritable slough of despond. For no sooner has a day or two of dry weather set in and made the wood pavement in a suitable condition for the use of bicycles, slippers or roller skates than the parochial water-cart is sure to make its appearance and solemnly patrol the street as if on sentry duty, dealing out slush and confusion along the road and pavement. Gentle irrigation morning and evening might with advantage be recommended.

BUT a still more apparently inane and certainly irritating token of ineptitude, in so far as concerns the habitués of Bermondsey and Southwark, is the universal alteration of the names of streets. Every other street visited by the extern has a good legible enamelled plate on the wall of the corner house, and over it painted in now half-faded letters "—— Street, late ——." No method or order can be seen in the change, the street goes by two names instead of one, and it is most annoying to be met with a look of blank ignorance on asking the way to what proves to be the next turning. Why Martin should be changed to Minniver, Clarendon to Law, Nelson to Kipling, and South to Larneca Street, no one of the fertile brains even of the present extern firm can devise. Perhaps the County Council of Bermondsey wished to show that it was still living, or one of its lords and rulers to have his name handed down to posterity in the minutes of the Council as the originator of this noble and humane reform.

DR. BLIGH, of Caterham Valley, an old friend of the GAZETTE, sends us an interesting paper which we publish, on the grouping of cases which he has noticed in private practice in many fevers, generally classified as of an infectious nature. The results point distinctly to the origin in organisms and contagious nature not only of rheumatic fever, follicular tonsillitis and phthisis, but also of several minor ailments, such as quinsy, catarrhal jaundice, and the more common nasal catarrh and infant bronchitis. It is interesting to note that this theory is suggested too by C. T. A.'s paper which appears in another column, on recent cases of pericarditis in the hospital.

THE defeat of the Rugby team by Rosslyn Park, although by only six points to four, was a considerable disappointment, even after allowing for the absence of Alexander and Nicholson. We hope the forwards will get together a bit better for to-day's match against Wickham Park, and against Lennox and East Sheen they may have some difficulty in holding their own. The second fifteen meanwhile won a good match against St. Thomas's, and were beaten after a good game by Bart's. In the latter match Messrs. Tyson and Moffatt turned out again and performed wonders. The Association eleven, on the other hand, won handsomely against Bexley, but were beaten three to one by Eastbourne.

THE football season so far has at least been prolific in injuries. The following is the first instalment of the sick-list:—Messrs. Bagshawe (sprained deltoid), Hunter (ruptured ligaments of knee), Cohen (sprained deltoid), T. Morgan (sprained knee), Traill (injury to back), and Barker with a displaced semilunar cartilage. Mr. Hardenberg broke his leg earlier in the

season, and another Guy's man has recently followed his example, but otherwise no serious injuries have occurred. And yet on the Continent football is called a brutal game.

WANTED in Guy's—a Debating Society. *Vide* Calendar of Coming Events for November 7th, on which occasion the smoking-room was dark and void. *Vide* again our personal election on to the committee of a so-called Debating Society without ever having been apprised officially of the fact or summoned to a meeting during the space of six months. *Vide*, in the third place, a thing called a debate on October 10th. *Vide* in the fourth, the good debates of the last two winters. *Vide*, lastly, the talent, wit, sociability, and desire for information of the ordinary Guy's man. Possibly December 5th may solve the problem.

IT has come to our ears that some old Guy's men attend the course of instruction for examination in Public Health at other schools. This is a great mistake, as complete arrangements have now been made for the purpose in Guy's, and every candidate who has as yet presented himself for examination after this course has been successful. Dr. Sykes undertakes the lectures in Public Health and Sanitary Law; Dr. Washbourn and Mr. Pakes the practical instruction in Microscopy and Bacteriology; and Mr. Hopkins the course of Chemistry.

WE have to congratulate Mr. Pakes on his success in the recent D. P. H. examination in Cambridge; and Messrs. Sharpe, Jewell and Beach for their previous success in the same field. The non-publication of the results in the GAZETTE arises from the fact that the Cambridge authorities, for some unknown reason, do not publish the result of the D. P. H. examination in their official paper—*The Reporter*.

WE publish an account of Wednesday's concert from the pen of a nursing correspondent. A second sends us the following:—"On Wednesday evening the Nursing Staff were invited to a concert in the Court Room, arranged for them by the kindness of Messrs. Fortescue-Brickdale, F. E. Fremantle and Lidderdale, with some of their friends. The programme was divided into two parts, in order that everyone should have a chance of hearing at least some of the good music that was provided. The room was thus well filled twice over with a good audience, who certainly much appreciated the singing of Mrs. F. S. Parry, Miss Lidderdale, and several other ladies, as well as the better known voices of Messrs. Coulson, Delbruck, Hicks, T. L. Jackson and Starling. Mr. Stanley Cock's sketches were most amusing, and heartily applauded. There were also solos on the violin and 'cello by Mr. Fremantle and Mr. Fortescue-Brickdale. This break in the monotony of the daily routine was all the better liked for coming at a rather dull time of year, when summer holidays are nearly forgotten, and Christmas festivities a good way ahead, and the kindness of the various performers was on this account all the more welcome."

A SECOND smoking concert is to be held this evening at 8 p.m. Twelve stewards have been engaged—perhaps we should say, have offered their services—for the occasion, and it is to be hoped that the proceedings will pass off more quietly than was the case a month ago. Indeed, the smoking concert is to-night on its trial, and if found guilty it will be condemned to death. The co-operation is therefore asked of all who enjoy this form of entertainment and desire its preservation, in the maintenance of law and order this evening.

IN the despatch from Sir Herbert Kitchener published in the *London Gazette*, relating to the Dongola Expeditionary Force, we were glad to see the name of Surgeon-Captain C. S. Spong, who was included in the list of officers especially mentioned for their services.

Physical Society.

PATHOLOGICAL EVENING, NOVEMBER 14TH.

LIST OF EXHIBITS.

1. A. H. KIRKMAN.—(*a*). Healed hydatid of liver; (*b*). Diffuse growth in lung, secondary to carcinoma in head of pancreas; (*c*). Loose body from peritoneal cavity; (*d*). Thyroid glands, diseased.
2. F. J. NICHOLLS.—Hydatidiform mole.
3. C. C. STEAD.—Diphtheritic eyes.
4. C. J. HARNETT.—Heart and kidneys from a case of granular kidney.
5. P. N. VELLACOTT.—Uterus bidelphis, with distended Fallopian tube.
6. E. FISK.—Aortic aneurysm, pressing on left recurrent laryngeal nerve and trachea.
7. H. A. MOFFAT.—Carcinoma of tongue removed.
8. T. L. JACKSON.—Mucous cast of rectum.

MICROSCOPIC.

9. R. HOWARD.—Amœba coli, from a case of dysentery.
10. A. R. THOMAS.—*Pernicious anæmia.*
11. A. H. KIRKMAN.—Thyroid gland, diseased, normal in series.
12. S. E. DENYER.—Adeno-sarcoma of the breast; adeno-sarcoma of the testicle; duct cyst of breast; sarcoma of skull.

Correspondence.

[N.B.—*The Editor must ask all correspondents to send their names as a guarantee of good faith. Without this no letter is published in the* GAZETTE.]

To the Editor of GUY'S HOSPITAL GAZETTE.

The Cambridge D.P.H. Examination.

DEAR SIR,—I suppose the proper thing to do when one has been plucked at an examination is to keep dark and say as little as possible about it. But having been recently sent back from the D.P.H., Cambridge, I do not feel inclined to take either of these courses, for I do not consider some of the questions that were set are calculated to test a candidate's knowledge of sanitary science. A man may have been a M.O.H. for years and be well up in all branches of Public Health, and yet fail at this examination.

Take three of the questions for example:—"Explain the construction of the common pump." "Describe a syphon; how does it act in conveying water across a valley and over a hill?" "What is specific heat?"

Now, these questions are all apparently very easy, especially to a man who has recently gone in for the Pre. Sci. or other elementary science examination. But to a man who has been in practice for some years, and has not kept reading his elementary science primers, they are quite different. Moreover, they are more suitable for an engineer to answer than a M.O.H. Another question was as to the composition of lime-juice and to what standards must it conform.

So unlikely was it thought that such a question would be given, that a text book a large number of the candidates read actually contains no mention whatever of this. But Notter & Firth's Hygiene gives it, and there is no doubt it is quite unsafe to read any other. I had read Wilson, Whitelegge, Kenwood, and others, and found I knew very little of what was required.

Then take a question I was asked in the vivâ voce. "What gases would you expect to find near a bone factory?" Great Scott!! Who dreamt that he wanted "Hydrofluoric Acid" as the answer. I told the examiner that was quite beyond me.

Another plan the examiners have is to ask you the percentage of water in different food stuffs. They guess candidates have carefully read up the percentage of proteid, starch, fat, and salts, but few have committed the water to memory. To have to calculate this at a vivâ voce is most disconcerting.

It is practical bacteriology that floors most men. I know one who got 70 per cent. marks on all the other subjects of the examination, and yet failed because he did badly in bacteriology. The facts of the case were that each candidate had the body of a mouse given him to examine for a germ disease. It was anthrax. Now, I am told that several of the mice did not die in time for the examination, so they had to be killed by the laboratory attendant, and the candidate who failed to find anthrax bacilli in these slightly infected mice was plucked for not doing so!!!

In the examination all candidates are put in a large laboratory with a culture to examine and report upon, a section to stain and plate cultivations to be made. Microscopes are provided. It is very easy to examine a cover-glass preparation when you are used to the microscope and can get a good light. But the microscopes they provided were small with no coarse adjustment, and the oil-immersion ones were placed round one dim blue coloured light. It was most difficult to catch this light; I tried for some time and then gave it up. One of the examiners himself spent a long time in adjusting it for different candidates. Crookshank advises that specimens should be viewed through a direct light and not a reflected one.

I made hanging drop preparations and pushed the objective clean through the cover glass directly. My temper was considerably "off." The moral is—Take your own microscope in future!

In the water analysis I was equally unfortunate. When I had added some Sod. Carb. Sol. I inadvertently (nothing else being available) put the palm of my hand over the neck and shook it up. One of the examiners came up in a very military way and said, "What are you doing that for?" I explained. "Well," said he, "You will get more free ammonia off your hand than in any well water in creation!" I don't know if he thought my kidneys were out of order, at all events the result of this remark was almost to cause them to act in an unpleasant and involuntary manner. As a matter of fact, I analysed a second specimen and found the ammonia *exactly the same*. But this put me much behind, and I *did not complete all that was required*.

I dare say you, sir, and your readers will think I am a bit of an idiot. If so, I can only say that if you wish to feel likewise you had better go up for the D.P.H. Cambridge next time.

The whole conduct of the examination is well calculated to make one feel one's "littleness," and to lead one to reflect on the wisdom of paying a twelve guinea fee, an expensive laboratory course, etc., etc., in order to be examined in a subject of such wide range as sanitary science, and to obtain a diploma that may perhaps enable you to obtain an appointment worth perhaps £10, perhaps £25, and sometimes £50 or £100 a year, and very rarely £250, £500 or £700 a year.—I remain, dear sir, yours despondingly,

A G.P. of 13 years' standing.

N.B.—G.P. does not mean "general paralytic," although I am beginning to suspect it.

Some Cogitations or Gropings in the Dark.

"Maistly aboot nowt," but principally concerning contagion.

Occasionally, Mr. Editor, I know not whether from an excess of malignant humour circulating within one's skull (I dare not say one's brain), or whether it may be, as the younger generation would have all things to be, that it is the result of some ptomaine produced by an organism foreign to the peace of one's fellow-citizens, or rather, as I would humbly suggest, that mankind is the occasional victim of an epileptic seizure affecting the much abused cells that subserve the processes of thought, whichever of these causes may be the true one, certain it is that a desire to run off one's cerebral secretion through one's pen, comes at times to all men. And unfortunately also, as in motor epilepsy, where the resulting muscular movements are futile in result and devoid of purpose, so also it is but too true that in attacks of its mental analogue the world in general is usually the sadder, or the editor's waste-paper basket the richer.

It is in the hope that the following notes, which represent the thoughts lurking around my daily avocation—thoughts which seem golden in the dim recesses of the wood as contrasted with the "field of consciousness" so dear to the H.-P. reading for his M.D., but crystallized into a few pages of drivel by one of the mental cataclysms before spoken of—it is in the hope, I repeat, that these notes may escape the terrible fate hinted at above, that I venture to post them to you, Mr. Editor. As thou art strong, be thou merciful.

On leaving the hospital some two and a half years ago I was unconscious—and possibly others may be so also—of the marked and suggestive "runs" of cases that fall to the lot of the general practitioner, and it is to stimulate thought in this direction, among diseases that in present text-books are not classified amongst the contagious fevers, but possibly may be in future ones, that these notes have been written.

The neighbourhood here being small in population, the number of cases quoted is likewise small and can be held to *prove* nothing, it is entirely to the suggestiveness of their grouping that I would desire to draw attention.

Another point, and one worth weighing, is that they are all fevers and all acute diseases; one finds no corresponding "runs" amongst afebrile and chronic troubles; at least such has been my experience. Let us first take rheumatic fever. This is a disease relatively uncommon in this district, and in two and a half years I have seen only nine undoubted cases; it is the more interesting to find these few cases to group themselves.

Group 1.—A young man with erythema nodosum and slight articular inflammation, followed in four days by a case next door (the cottages being semi-detached) of a young woman with erythema nodosum, and this case again followed in six days by a brother taking ordinary acute rheumatic fever with mitral endocarditis.

Group 2.—A woman whom I was attending for a subacute attack of rheumatic fever was visited on several occasions by her married daughter, who lives one and a half miles away; in less than a fortnight (I cannot identify the exact interval) this daughter had an attack of acute rheumatic fever.

Group 3.—A child two years old, with erythema circinata and a mitral systolic murmur, was ill coincidentally with the mother, who had tonsillitis with articular inflammation.

Group 4.—The two remaining cases were unconnected.

Now let us turn to follicular tonsillitis. In the college here there have been two distinct epidemics of this disease. The college contains about one hundred boys, mostly between the ages of eight and sixteen. In the first epidemic eighteen boys were affected, and in the second twenty-six. The drainage, I may say, is perfect, being on two occasions within this period overhauled by an expert. The cases conformed closely to the type usually considered typical of this disease, viz., sudden onset with headache and shivering, frequently also vomiting, pyrexia 102° to 104°F., muscular pains and prostration; the tonsils as soon as seen showed the characteristic swelling and hyperæmia, and "plugs" were visible in a few hours. The pyrexia lasted about forty-eight hours, then fell by crisis, after which the tongue would rapidly clean and the tonsils more gradually come back to the normal. No sequelæ or complications of any kind.

Early isolation was practised, but proved useless, due no doubt to the fact that the throats were contagious before the onset of general symptoms, all the intelligent boys giving histories of sore throat some hours before the febrile attack.

In private houses, again, one finds that follicular tonsillitis is definitely contagious; it is quite uncommon to find a single case occurring in a large family, despite the fact that I always insist upon isolation, and on two occasions I have myself fallen victim to this disease while attending a case.

The relationship of follicular tonsillitis to scarlet fever is also of interest. I had often been troubled to account for cases of scarlet fever appearing suddenly in one's practice when there had been no cases for many weeks anywhere in the neighbourhood. The two following histories, which are complementary to each other, show, I think conclusively, that the scarlet fever micro-organism may be passed from throat to throat concurrently with the organism of follicular tonsillitis, while the individual only reacts to the inoculation when unprotected.

First. A family of mother and two children, aged five and two years old respectively. No scarlet fever in village for many weeks. The eldest lad developes scarlet fever with typical symptoms and profuse rash, followed by desquamation; clinically the angina is that of follicular tonsillitis. In forty-eight hours the second child is down with a precisely similar throat and scarlet fever rash, and at the same time the mother, who

has had scarlet fever, developes an ordinary attack of follicular tonsillitis, without any rash or other symptom of scarlet. Surely here the mother's throat would contain the materies morbi of scarlet fever, and the second history shows that this may be so.

A servant in a family goes home for a few days and returns with ordinary follicular tonsillitis, and in forty-eight hours the mistress takes the same disease. Both have had scarlet fever, and in neither is there any rash or other scarlet symptom. Three days after the mistress falls ill, the husband, who has been travelling abroad, returns home, and on the third day after his return he developes a follicular tonsillitis throat, but in addition a rapid pulse and high temperature, and on the next day a profuse scarlet fever rash, which runs the usual course with subsequent desquamation. Here, surely, the servant brought back the scarlet fever organism in her throat, and passes it, with the infection of follicular tonsillitis, to the mistress, while the husband, being the only unprotected one, takes the double event, as it were, from his wife.

The fact that phthisis is a contagious disease is now so generally accepted that I will only mention that I have already met with two instances, one where a husband contracted this disease from his wife, and one where a wife contracted it from her husband.

Apart from these three diseases, which appear to be passed from individual to individual, one meets in private practice with groups of cases occurring in "runs," but cropping up in different parts of one's district and apparently separate in origin. Such a disease is suppurative tonsillitis or quinsy; I can honestly state that I have not as yet seen a case of quinsy in this neighbourhood without several cases occurring within the same fortnight in my own and my partner's practice, such a group being followed by several months without either of us seeing a case.

Another one is catarrhal jaundice, of which I have seen five cases here, four occurring in little girls and one in a lad of seventeen. Three of these cases I saw within a fortnight of each other, then no cases for a year and eight months, then two cases in one week. Surely this must mean something, and in this connection I find in Fagge's "Medicine" instances quoted of large epidemics of this disease. Catarrhal jaundice is undoubtedly a fever. In four of my five cases I was called in because of the antecedent febrile condition, and in the fifth case there was a distinct history of fever. The pyrexia usually lasts two or three days and disappears with the appearance of the jaundice.

I think that I have written enough to suggest that our list of acute specific contagious fevers requires enlarging, and, no doubt, as our knowledge becomes more ripe, it will be increased to cover some other diseases now classified by their local pathology, and, in conclusion, I would only mention how thoroughly the well-known fact of the contagious nature of nasal catarrh is borne in upon the general practitioner, and how common it is to find, amongst the poor, two or three of the infants suffering at the same time from general bronchitis.

If I should be accused of giving too great weight in these notes to a short experience among a limited population, I would answer, firstly, that the suggestiveness of such groups of cases is by these very facts made more striking, and, secondly, that the phenomena are familiar to many general practitioners.

W. BLIGH, M.D., B.S. Lond., etc.

Caterham Valley.

Guy's Hospital Ladies' Association.

PRESIDENT: Mrs. Fellowes. Executive Committee: Mrs Cosmo Bonsor, Mrs. Davies-Colley, Mrs. Goodhart, Mrs. Howse, Miss Nott-Bower, Mrs. F. Taylor. Treasurer: Mrs. Pye-Smith, 48, Brook Street, W. Secretary: Mrs. Lauriston Shaw, 10, St. Thomas's Street, S.E.

EXTRACT FROM THE REPORT OF THE COMMITTEE,
For the year ending August 31st, 1896.

The "Guy's Hospital Ladies' Association" was started in October, 1895, in order to enable ladies to take an active interest in the work of the hospital. There are at the present time ninety-five members, of whom twenty-two are honorary, and the remainder, working members. One of the chief objects with which the association began work last year, was to provide clothes for destitute patients when they left the hospital. For this purpose, a working-party was held on alternate Wednesdays from four to six o'clock throughout the winter months, the meetings taking place at the houses of different members. The work was sent without cost from one house to another through the kindness of one of the members, who allowed it to travel rate free. The amount of work done at the working-parties has proved most satisfactory, considering that it was the first season—over sixty garments having been made. This at first sight does not appear a very large number, but it comprised garments needing a good deal of work, such as boys' suits, women's dresses, and underclothes, besides children's frocks, and baby garments. Eighteen flannel jackets for use in the wards were also made. Several country members have already sent up their annual contributions of clothes, and in the coming year a much greater number may be expected from this source.

The matron has informed the committee that during the past year a greater number of gifts of this sort have been made to the hospital authorities, and it is probable that this increase is indirectly the result of the association's work. The committee would take this opportunity of pointing out that old clothes of every description are most acceptable, men's clothes in particular are urgently needed, as it frequently happens that the patient's one suit has to be sacrificed, in order to extricate the injured limb. The superintendent of the hospital has kindly provided a small room fitted up with cupboards and shelves, so that the clothes may be sorted, and the stock

at disposal for distribution may be easily ascertained by the matron, under whose charge the room has been placed. In order to diminish the risk of the garments given away being pawned, or otherwise disposed of, the committee decided to affix to all a distinctive mark, and for this purpose had a die made, with the letters G. H. L. A. upon it.

Hampers of beautiful flowers have been repeatedly sent up to the hospital by Mrs. Evans, a member of the association, and the committee desire to impress upon other members the great pleasure which is given to the patients, by presents of flowers, to decorate the wards. The visiting of the wards, under the auspices of the association, has proved a great success.

In conclusion, the committee would urge upon the members the necessity of continued efforts to make known, promote, and extend the aims of the association. With more than six thousand in-patients passing through the wards of the hospital in the course of the year, it may readily be understood that a large organization is necessary to give efficient help, and the committee therefore hope that each member will make an endeavour to induce some of her friends to join the association, and thus increase its means of usefulness.

GENERAL ARRANGEMENTS.

1. A working party will be held during the winter on alternate Wednesdays, from 3 to 5 o'clock, at the houses of members of the association. The secretary will be glad to receive the name of any lady willing to lend a room for this purpose.

2. The distribution of clothes will be in the hands of the matron and sisters of the hospital. Great care will be exercised in this, and reference made, where desirable, to the Charity Organization Society.

3. The secretary will be glad to receive gifts of old clothing, especially for men and boys, also flowers and fruit for the patients. It is suggested that members who purpose making garments at home, should communicate with the secretary, in order to ascertain what articles are most needed.

4. The names of ladies willing to visit in the wards should be sent, in the first place, to the secretary.

5. No eatables of any kind, sweets included, are allowed to be given to patients, except through the sister of the ward.

The secretary will be glad at any time to give further information as to the work of the association.

Nursing News.

WE are very glad to be able to announce that Miss Pye is now installed as sister in the surgery. Her arrival there has been considerably delayed by the lengthened illness of Sister Cornelius, whose work she was doing, and who only returned to her post last Monday, we trust fully restored to health.

We have lately had the pleasure of seeing one of our old nurses (Mrs. Strathern, née Parrett) acting as sister in Mary ward for the holiday time, and it will, we feel sure, give great satisfaction to our readers to learn that another of our workers who entered the hospital as a probationer five years ago, has been promoted to be full sister. On Wednesday last, Nurse E. Hodges, temporary sister at Out-patients, was appointed permanent sister.

We congratulate Nurse M. Traill, who left us a few months ago to work at the Brook Hospital, on her appointment as night-superintendent at the Children's Hospital at Edinburgh.

Nurse Weymouth, who has worked in Mary ward for some time now, has left the hospital to join our Private Nursing Staff.

We are glad to say that after a lengthened holiday Nurse Hern is quite strong again, and has also been able to enter the Private Nursing Staff. Nurse Hern has worked in the hospital for over four years.

A New Departure.

(FROM A NURSING CORRESPONDENT.)

A LARGELY attended and most successful concert was held on the evening of November 18th, in the Court Room, which presented such a festive appearance as to bring forcibly to mind the Christmas entertainments of the now famous "Guy's Dis-Guysed Minstrels."

Bright with lights, gay with many flowers and not a few evening dresses, the assembly might have been one gathered together beyond hospital precincts, had not the ever-present cap and apron with the sombre-hued gowns, been there to remind us that this was only a bright tinge of colour in the monotony of our nursing life, and that we belonged by no means to the gay world outside.

Nurses though we are, however, we still can appreciate good music when we hear it, and the concert was none the less enjoyed because we attended it in uniform; indeed, it only added a keener zest to our pleasure to remember, as we sat there, how hard we had striven to arrive in time, and how we had hurried through the colonnade straight from our wards, all anxiety to secure good seats.

We hope Mr. Brickdale and Mr. Lidderdale, the kindly promoters of the concert, felt themselves repaid for all the trouble they had taken, when they saw how the various members of the nursing staff availed themselves of the invitation issued, and how from the matron to the newest probationer, they came from every ward, some to the first, others to the second part, and a few to both.

Violin and violoncello solos, pianoforte duets and songs succeeded one another rapidly, and were enthusiastically applauded and encored. Nor must the exceedingly clever and amusing "sketches" by Mr. Stanley Cock be omitted, which, drawn with amazing

rapidity to a running pianoforte accompaniment, delighted the audience, and occasionally so absorbed the interest even of the accompanist, that he forgot to go on, until reminded of his duties by a gesture from a friend that could indicate nothing but an injunction to "keep on grinding!"

To quote from one of the songs of the Nurses' Choral Society, "Soon, ah, too soon, die the sounds of enjoyment," and only too quickly the time ran on, until eleven o'clock was striking all over London, and a few bars of "God Save the Queen" brought the concert to a close.

Then, with the promptness that characterizes most hospital doings, the audience dispersed to bed, each and all having thoroughly enjoyed the brief relaxation, and uttering from their hearts a big "encore!"

PART I.—Pianoforte Duet, "Spanische Tänze, No. 4" (Moszkowski), Messrs. Cazenove and Lidderdale; Song, "Awake, Awake" (with obligato) (Piatti), Mr. J. E. Coulson; Violoncello Solo, "Preis Lied" from "Die Meistersinger" (Wagner), Mr. F. E. Fremantle; Song, "Spring Song" (Franco Leoni), Miss Mileham; Song, "Ideale" (Tosti), Mr. Delbruck; Song, "Damon" (Max Stange), Mrs. F. S. Parry; Sketches, Mr. Stanley Cock; Song, "When Fairyland was young" (Arthur Somervell), Miss May Lidderdale; Song, "To Inez" (H. F. Limpus), Mr. T. L. Jackson; Song, "The Miller and the Maid" (Molloy), Miss Lilian Beckwith; Song, "A Song of Sleep" (Lord H. Somerset), Mr. Hicks; Violin Solo, "Suite in E minor, Op. 5" (Corelli), Mr. J. M. Fortescue-Brickdale.

PART II.—Violoncello Solo, "Romance sans paroles" (Davidoff), Mr. F. E. Fremantle; Songs, "Lay a Garland," "Go fetch to me a pint of wine" (Somervell), Mr. T. L. Jackson; Song, "Turn ye to me" (Old Highland Melody), Miss Lilian Beckwith; Song, "Once," Mr. Atkins; Violin Solo, "Adagio and Allegro in F, Op. 1" (Tartini), Mr. J. M. Fortescue-Brickdale; Song, "A Norwegian Song" (Henri Logé), Miss May Lidderdale; Song, "A Serenade" (with obligato) (Gerald F. Cobb), Mr. J. E. Coulson; Songs, "Guten Morgen" "Ich Liebe dich" (Greig), Mrs. F. S. Parry; Sketches, Mr. Stanley Cock; Song, "Meditation" (Chaminade), Mr. Starling; Song, "Wie bist du?" (Brahms), Miss Mileham; Song, "Ce que je suis sans toi" (Gounod), Mr. Delbruck; Pianoforte Duet, "Spanische Tänze, No. 5" (Moszkowski), Messrs. Cazenove and Lidderdale.

Messrs. C. Kemmler & Co. kindly lent their piano for the occasion.

E. M. F.

A Fact.

OPERATOR from London meets a former chum in practice not thirty miles from London.

Operator: The last time I operated here we had not such a convenient tressle table as this.

Doctor: No, but I always get it now, and use it myself some times.

Operator: Is it your own, then?

Doctor: No, I borrow it.

Operator: I see, from your hospital?

Doctor: Oh dear, no, from the undertaker.

The case was one of carcinoma mammæ, and fortunately ran an aseptic and unptomainic course. Operator has taken care to have his own table in that practice since.

Pass List.

University of London, October, 1896.

M.B. EXAMINATION.

SECOND DIVISION.

Butler, A. G.
Pike, N. H.
Scowby, E. T.
Spicer, A. H.
Spriggs, E. Ivens.

University of Cambridge, October, 1896.

EXAMINATION IN SANITARY SCIENCE.

Pakes, W. C. C.

Final Conjoint Examination, October, 1896.

MEDICINE, SURGERY, AND MIDWIFERY.

*Collins, V. E.
*Earnshaw, A.
*Jephcott, C.
*Levick, G. K.
*Smith, D. L.

MEDICINE ONLY.

*Clarke, W. T.
*Delbruck, R. E.
Dudgeon, H. W.
East, W. N.
*Gardiner, J. N.
*Hardy, F. H.
*Hicks, H. T.
*Moore, W. H.
Ponsonby, J.
Smith, J.
*Wood, W. R.

SURGERY ONLY.

*Goodridge, W. L. T.
*Hancock, W. I.
Hughes, S.
Moore, J.
Rygate, A. M.
Stamford, R. B.
*Todd, D. B.
*Turner, A. Scott.
Worts, L.

MIDWIFERY ONLY.

Bernard-Onraët, H.
Clowes, E. F.
*Finch, A. H.
*Henson, W. W.
*Hills, W. E.
Hitchins, F. C.
Hull, A. J.
Pomeroy, E. H.
Smith, H. V.
Steele, G. H.
Temple, P. G.
Whicher, S.

*Denotes completion of examination.

Royal College of Surgeons of England, November, 1896.

EXAMINATION FOR THE LICENSE IN DENTAL SURGERY.

(Unofficial List.)

Chatterton, G.
Donston, J. A. M.
Doyle, C. N.
Ellis, G. G.
Evans, S. J.
Goadby, K. W.
Goodman, T. D. E.
Hounsell, L. S.
Knowles, C. H.
Naish, G.
Simpson, G. S.

Reviews.

Angio-neurosis. By Dr. W. Ramsay Smith (Published by Messrs. Wright & Co.).

In this book of seventy-eight pages, the author describes the features of three clinical pictures of disease which may be included in the class of angio-neurosis.

1. Acute general angio-neurotic œdema is characterised by general œdema, hyperæmia of the skin, accompanied by a rise of temperature and certain subjective sensations. Desquamation follows. In some cases the patients manifested peculiar and similar idiosyncrasies to drugs. During the administration of chloroform the cardio-vascular system of regulation tends to become paralysed. These serious symptoms were removed on the substitution of ether. The patients were of all ages. The author particularises as the subjects to this disease —young women who are liable to neurotic rises of temperature, and are under the influence of some local disturbance, *i.e.*, of eyes, pelvic organs, or teeth.

2. Local angio-neurotic œdema. An exhibition of this disease may occur in patients subject to the acute general form. The lesion of the disease is similar, but is local. There is no elevation of temperature. The cases occurred in plurasthenics and subjects of gastric irritation.

3. Erythema urticaria. This disease is recognised by the appearance of small patches of œdema, which rapidly become erythematous, and may form vesicles. The distribution may be local or general. Erythema urticaria is recurrent, and appears at any age. It runs in families, and the subjects of this disease are liable to be attacked simultaneously when under the same conditions of climate.

The fourth chapter is devoted to a remarkable family history, with manifestations of angio-neuroses and other diseases.

The author then collects interesting associations—visceral disease combined with skin affections, notably eczema, Graves' disease in association with internal complications, and in another case with urticaria.

Dr. Ramsay Smith considers that the somewhat indefinite symptoms of "femoral thrombosis" in typhoid fever are due to angio-neurosis. Later he includes in one class of angio-neuroses, erythema multiform, erythema nodosum, with chilblain erythema. The exciting causes are summed up as peripheral irritation, toxis, and climatic conditions. The difficulty of distinguishing between these is illustrated by a consideration of shell-fish urticaria. The ready dilation of vessels in some individuals is compared with futile attempts to blister others.

The pathology of the subject is dealt with in chapter X. It follows the lines laid down by Kaposi. Excessive action of the vaso-constrictors follows peripheral stimulation. Paralysis with action, or stimulation, of vaso-dilators ensues. Hyperæmia serous effusion results, and may lead to an acute febrile tuberculous vesicle, or bulla.

Under the heading of treatment, Dr. Ramsay Smith deals with the treatment of bowel symptoms in enterica. The rise of temperature observed after an enema he considers as indubitable evidence of the absorption of the now liquid toxins. Reflex stimulation resulting in disarrangement of a heat centre working near its upper limits is not discussed.

In the treatment of angio-neurotic œdema, arsenic combined with ergotin and bromides is recommended.

Dr. Ramsay Smith states that several cases of Graves' disease have been cured by him in this way—an unusual success in such cases.

The book is good reading, and the clinical material is excellent. The pathology is mostly hypothetical or deduced from physiological hypotheses. The author considers most of these angio-neuroses to be due to irritation of the affected spot or of other parts. The possibility of trophic influences have not been considered. The generalisations are too sweeping, and Dr. Ramsay Smith evidently does not consider that clinical distinctions in slightly understood diseases form the most reliable basis.

Giant urticaria and urticaria papulosa are not considered from a diagnostic point of view, though some of the cases mentioned would be ticketed with these names by many observers. Erythema induratum is not mentioned. It is quite out of place to discuss the treatment of enterica under angio-neurosis, and we would rather recommend to our readers a perusal of the text-books when the treatment in enterica is under their consideration.

Physics for Students of Medicine. By Alfred Daniell, M.A., D.Sc. (London: Macmillan & Co.) 4s. 6d.

This is a very suitable text-book for the preliminary scientific examination, and has the distinct merit of being readable and interesting. The examples given in illustration of some natural laws are often amusing, and help to lighten what is generally regarded as a dull subject. Indeed, these examples are sometimes too numerous for the beginner, as they crowd the memory, and thus fail to make a deep impression. None the less we can strongly recommend the book to students who have already gained a slight knowledge of the elements of physical science, particularly those who have not allowed their school mathematics to pass into oblivion. Of course physics should be learnt at school, and a book like this would then be a very useful reminder when commencing the study of physiology at the hospital. The diagrams are clear as far as their small size permits, but many of them would be more serviceable if enlarged. We would suggest some judicious pruning for the next edition, with larger diagrams and an index.

A DEMONSTRATION on the Relationship between Hypnotism and Practical Medicine will be given by Dr. Bramwell to members of Dr. Savage's class and the senior students of Guy's, at Bethlehem Hospital, on Thursday 26th, at 2 p.m.

Sport.

Association Football.

GUY'S HOSPITAL 1ST XI. v. EASTBOURNE.

Played at Eastbourne on Saturday, November 7th, and resulting in a win for Eastbourne by three goals to one.

During the first half the game was pretty even, but the homesters always managed to hold the upper hand, and crossed over leading by two to one (Whitcombe).

With the advantage of a slight wind and hill, it was thought that Guy's had a good chance of winning; but, alas, it was not to be, for the forwards never showed any attempt at combination, or tried to get the ball. It has always been a characteristic feature of the Guy's team to have ten minutes' sleep during the game, but this time they made no mistake and slept the whole of the second half, during which time the homesters scored their third point. McAlpine and Barker were the pick of the team; the latter gave a brilliant display of goal-keeping.

Our thanks are due to Mr. Holman for the kind way in which he entertained the team to dinner after the match. Team:—

GUY'S.—H. M. Barker (goal); W. M. Robson and E. A. Longhurst (backs); R. W. B. Hall, McAlpine, R. H. J. Swan (half-backs); P. S. Mandy, G. Buckstone-Brown, C. F. Whitcombe, M. H. Thornley and L. Humphrey (forwards).

GUY'S v. BEXLEY.

This match was played at Honor Oak on Saturday, November 14th, and won by Guy's by 7 goals to nil. It rained the greater part of the game, and the ground was very heavy and not at all conducive to good football. Bexley played one man short. The game was of a very scrambling nature, although as good as could be expected under the unfavourable conditions. The best men for us were McAlpine, Robson, Humphry and Hughes. Team:—

GUY'S.—A. R. Thomas (goal); W. M. Robson and E. A. Longhurst (backs); R. W. B. Hall, McAlpine, R. H. J. Swan (half-backs); P. S. Mandy, G. Buckstone-Brown, L. Humphrey, Hughes and C. F. Whitcombe (forwards).

Rugby Football.

GUY'S 1ST XV. v. ROSSLYN PARK.

Played at Richmond on November 7th. We were unlucky in having to play with a weak team, Alexander being very much missed outside, and Nicholson among the forwards.

Rosslyn Park kicked off, and play quickly settled in the home twenty-five, but a good rush by the opposing forwards brought the ball back to half-way. Play remained in neutral ground for some time, and then Clarke got away with a good run, but was well tackled by the full-back; Guy's continued to press and very nearly scored on several occasions, but the passing among our three-quarters was far from accurate. Play continued even for some time, and then Wetherell passed out to Clarke who ran a short way, and then dropped a goal from a difficult angle. Just before half-time Hunter had to retire on account of an injured knee. Half-time—

GUY'S ... ... 1 dropped goal.
ROSSLYN PARK ... nil.

Goddard kicked off and the ball was well returned to our twenty-five. The forwards, who had not been playing well in the first half, now played with even less dash and vigour, and were shoved in a way which the absence of one man would not account for; the consequence was that we were kept in our own twenty-five for most of the second half, and two tries were quickly scored by Cobb, who throughout played a good game; neither of these were converted. During the last ten minutes the forwards woke up, and we had much the best of the game, but were unable to score.

ROSSLYN PARK ... 2 tries (6 points)
GUY'S ... ... 1 dropped goal (4 points)

GUY'S 2ND XV. v. ST. THOMAS'S 2ND XV.

Played at Honor Oak Park on Saturday, November 7th, resulting in a win for the home team by one goal (dropped), and two tries to one goal.

Thomas's started the game. A series of scrums ensued in mid fields, Thomas's being penalised for off-side twice in succession. Though no ground was gained by the kicks, Guy's forwards, though lighter, had the best of the scrums, but in the loose our opponents were the better. Just before half-time Dowsett received from the scrum and after a dodgy run scored far out, the try being unconverted. Half-time score; Guy's one try, Thomas's nil. On changing ends, Shorland started. A more open game was attempted, the Thomas's forwards heeling, though gaining no ground, the passing of their backs being feeble. They pressed, and Harrison by a fine dribble carried over the line, but a try was well saved by Rowe. From the drop-out, play was taken to the Thomas's twenty-five, when Dowsett again picked up, and eluding their defence scored a good try, no goal resulting.

Play still remained in the Thomas's twenty-five, and from a flying kick by one of their backs Morgan received in front of the posts and dropped a goal. From now till the end Thomas's pressed, and at last scored between the posts, a goal resulting. Shortly after this the whistle sounded "no-side." The forwards played a hard game, though the heeling was never clean, giving the outside no chances. Perhaps the best of the forwards were Featherstone and Watson. At three-quarter Morgan's kicking was very useful. Both halves played a good defensive game. Team:—

GUY'S.—J. Dadd (back); H. P. Barrow, J. Harris, G. Evans, T. Morgan (three-quarter-backs); E. B. Dowsett, E. R. Rowe (half-backs); C. F. Watson, F. R. Featherstone, N. Williams, G. Shorland, W. Manson, C. T. Hilton, K. V. Trubshaw, A. W. Gater (forwards). Referee.—H. V. Bagshawe.

GUY'S 2ND XV. v. BART'S. 2ND XV.

Played at Winchmore Hill, on Saturday, November 14th, resulting in a win for the home team by one goal and one try to one goal. The match was played in a downpour of rain and was of a very scrambling order. Guy's attacked from start, but on several occasions when a score seemed likely, the forwards kicked too hard and a touch down ensued. From the "punt out" the ball was mulled, and the referee ruled a scrum for a knock on. On the ball coming from the scrum some passing was initiated by Walker, but the pass was intercepted by their centre and a try resulted behind the posts, which was converted. On the kick-out a good rush into their twenty-five resulted in Smith getting over, the try, however, being disallowed. On the "punt out," of which this time the referee was told, the ball was dropped out. Nothing more was scored till half-time. Result at half-time: Bart's. one goal, Guy's nil.

In the second half the ball was impossible to hold, Guy's attacking for the most part Bart's. scoring an unconverted try. Immediately after, Guy's, after a series of scrums on the line, scored from a good piece of play by Rowe, a fine goal being kicked by Walker. The whistle soon after sounded "no side."

It is impossible to criticise individual play, though undoubtedly Guy's had extremely hard luck in losing a game of which they had much the best of the play. Team:—

GUY'S.—G. Evans (back); J. Harris, J. M. Brydone, F. W. Rashleigh, H. P. Barrow (three-quarter-backs); F. E. Walker, E. B. Dowsett (half-backs); W. Tyson, H. A. Moffat, M. D. Wood, E. R. Rowe, C. F. Watson, F. R. Featherstone, G. Shorland, A. A. Smith (forwards).

Referee.—C. W. Graham, Esq., (Brondesbury).

United Hospitals' Hare & Hounds.

This club held their five miles' steeplechase at Chingford on Saturday last. The weather was misty, rain falling all through the proceedings, and the course, therefore, was in its very worst condition; this accounted for the slowness of the times compared to last year. The winner turned up in R. M. Barron (Guy's), who ran steadily throughout, accomplishing a net time of 32 min. 27⅖ sec. He was followed home by A. F. Page (Bart's.), and M. A. Smith (Charing Cross), who both ran well; the latter we think will prove a great acquisition to the United team. W. L. Baker (Guy's), who finished seventh, accomplished the fastest time, viz., 31 min. 51 sec. Harold Wade, the virtual scratch, though running strongly to just beyond the half distance, fell back afterwards, and only succeeded in obtaining thirteenth place, with a net time of 32 min. 59⅖ sec. Times and starts:—

Posn.	Name.	Start. M. S.	Handicap Time. M. S.	Net Time. M. S.
1.	R. M. Barron (Guy's) ...	3 15	29 12⅖	32 27⅖
2.	A. F. Page (Bart's.) ...	3 45	29 25⅕	33 10⅕
3.	M. A. Smith (Charing Cross)	2 15	29 59⅖	32 14⅖
4.	E. D. Dixon (Lea H.) ...	3 10	30 9⅘	33 19⅘
5.	A. L. Rye (Thames H. & H.)	2 0	30 30	32 30
6.	J. B. Rye (Thames H. & H.)	1 30	30 34	32 4
7.	W. L. Baker (Guy's) ...	1 0	30 51	31 51
8.	H. W. Bruce (Guy's) ...	4 15	31 5⅕	35 20⅕

Also ran: G. I. Brassey (Lea); J. F. Robinson (Guy's); F. Barfield (Lea H.); G. F. Collins (Guy's); H. Wade (Lea H.); S. J. Ormond, and others.

An excellent trail was laid by R. Balderston (Guy's), and by G. E. Mould (St. Mary's). After the run a committee meeting was held and the following were selected to represent the United Hospitals against Oxford University on the 28th of November:—

1. H. A. Munro (Guy's).
2. W. L. Baker (Guy's).
3. M. A. Smith (Charing Cross).
4. R. M. Barron (Guy's).
5. C. F. Watson (Guy's).
6. C. A. Reynolds (St. Thomas's).
7. R. Balderston (Guy's).
8. A. F. Page (Bart's.).
9. G. E. Mould (St. Mary's).

Five men to count per side.

To-day (21st), the Lea Harriers run against Cambridge. Four Guy's men are included in their team.

Appointments.

HOUSE APPOINTMENTS.

DECEMBER, 1896.

Clerks to the Anæsthetists.—Messrs. A. B. Carter, H. W. Dudgeon, Edward Evans, R. Fell, F. E. Fremantle, J. A. Glover, W. I. Hancock, A. H. B. Kirkman, R. W. Mayston, C. P. Weekes.

Externs.—Messrs. H. W. Allan, H. M. Berncastle, Evan Evans, R. Kay, A. W. Nourse.

DENTAL APPOINTMENTS.

DECEMBER, 1896.

Dressers in the Gas Room.—Messrs. J. K. Clark and H. A. G. Butler.

Dressers in the Ordinary Extraction Room.—Messrs. P. S. Campkin, A. C. Carpenter, W. E. Ganney, R. P. Millett, M. P. Nathan and D. P. Tracy.

CIVIL.

JIMINEZ, G., M.B., B.S., has been appointed Interna Surgeon to the San José Hospital, Costa Rica.

ZUMBADO, F., M.B., B.S., has been appointed Internal Surgeon to the San José Hospital, Costa Rica.

NAVAL.

Surgeon A. R. BANKHART, M.B., R.N., has been appointed to the *Surprise*, and E. S. TUCK, R.N., to the *Jackal*.

Births.

MANSELL.—On November 14th, at Wellington Square, Hastings, the wife of E. Rosser Mansell, M.R.C.S. Eng., of a son.

WAINEWRIGHT.—On November 8th, at Lee Terrace, Blackheath, S.E., the wife of Robert S. Wainewright, M.D. Lond., of a daughter.

ED.—F. E. F.

Calendar of Coming Events.

Dec. 5.—Mr. Lucas's take-in; Ds., S. E. Denyer and F. S. Batchelor; Cl., E. Fisk.
1.15 p.m., Clinical Lecture by Dr. Pye-Smith.
7.30 p.m., Meeting of Debating Society.
G. H. R. F. C.—I. Old Mer. Taylors, away.
II. Brockley, away.
III. Streatham (II.), home.
G. H. A. F. C.—I. Croydon Park, away. Surrey Cup Tie.
II. Wallington, away.
U. H. H. & H.—Ordinary run, Chingford.

„ 7.—Exams. for M.D. and M.S. Lond. begin.
January Appointment List closed.
Last day for applying for Dental House-Surgeon and other appointments from January 1st to June 30th, 1897.
Last day for applying for Dresserships in the Conservation Room for January, February and March, 1897.

„ 8.—Exam. for B.S. Lond. begins.
Cambridge 1st, 2nd and 3rd M.B. Exams. begin.
12 noon, Mr. Rowell's Demonstration on Anæsthetics.

„ 9.—Mr. Golding-Bird's take-in; Ds., C. L. G. Chapman and W. K. Wills; Cl., W. E. Hills.
1.30 p.m., Clinical Lecture by Mr. Howse.
5 p.m., Bradshaw Lecture.
G. H. R. F. C.—I. Royal Engineers, away.

„ 11.—Application to Medical Office for Schedules for all January Exams. not later than this date.

„ 12.—G. H. R. F. C.—I. Coventry, away.
II. L. & W. Bank, away.
III. Rosslyn Park (III), home.
G. H. A. F. C.—I. Old Harrovians, home.
II. Vampires, away.
1.15 p.m., Clinical Lecture by Dr. Pye-Smith.
Physical Society, "Histology of Cancer of the Breast," by S. E. Denyer, B.A.

„ 14.—Last day for applying to Registrar for Form of Entry for Preliminary Scientific and Intermediate M.B. Lond., January.

„ 15.—2 to 4 p.m., Exam. in Metallurgy, 1st Year's Dental Students.
12 noon, Mr. Rowell's Demonstration on Anæsthetics.

„ 16.—Mr. Howse's take-in; Ds., C. D. Outred and W. E. Waymark; Cl., R. Howard.

„ 18.—Christmas Exam. on Anatomy, 1st and 2nd Year's Students.

„ 19.—Lectures cease.
G. H. R. F. C.—I. London Scottish, away.
II. Maidstone, home.
III. Archer, away.
G. H. A. F. C.—I. Idlers, away.
II. Kenley, home.
U. H. H. & H.—Point-to-point Race, Chingford.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, GUY'S HOSPITAL GAZETTE, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the GAZETTE *bound should leave them with the Librarian.*

The annual Subscription to the GAZETTE *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. WELLS, SECRETARY'S OFFICE, GUY'S HOSPITAL.

The charge for binding in blue, with the Arms of the Hospital in gold, will be ONE SHILLING AND SIXPENCE.

Guy's Hospital Gazette,

DECEMBER 5, 1896.

The New Schedule of Appointments.

A SCHEDULE has been issued by the office of the Medical School, and may be read in another column, announcing the inauguration of new posts for clinical investigation in the wards and out-patient departments, calculated to employ the students of the future during the fifth year of their curriculum. It may be taken for granted that the average student enters the wards at the beginning of his third year of full study at the hospital, the latter half of the second year being occupied by the ambitious in preparation for the first fellowship and university examinations, by the indolent in overcoming the obstacles of the second college test. The necessary appointments in the wards will then occupy him fifteen months—nine for clerkships and six for surgical dressing—which, with the month's obstetric work and a margin for holidays, whether optional or enforced, brings him to the middle—we will say to Easter,

—of his fourth year. He has now eighteen months with which to play and to get through his College examinations, if he intends to do so at the earliest possible opportunity, whereas under the old scheme he had but six. These six he usually devoted to work in the special departments and to hard reading in each of the final subjects, with occasional visits to the wards and out-patient departments to refresh his memory and give point to his book-work. If he hoped to enter for a higher course of study he would defer his final examinations, or would continue to undertake students' appointments after he was qualified, with further work in the fever and lunacy hospitals, and in the special departments and, if possible, in the Clinical wards of this institution.

With many this course has naturally extended itself over a space of five or even more years, and several hard-working men have held appointments continuously to the end of their fifth year, filling up the time not occupied by their official duties, in reading and attending the practice of the hospital as onlookers, in writing papers for the Physical Society or medical press and in entering for some of the almost too numerous prizes that are already open for competition. But this was obviously for the few; and most men in a five years' curriculum would have found their interest in Medicine and Surgery beginning to flag and the time to lie heavy on their hands.

The authorities of the medical school have, accordingly, decided to institute several additional appointments which will begin some in January and some in February of the new year. The new arrangements, which as yet do not affect the number, and in only one case affect the duties, of the resident staff, fall under two heads. Under the first come the division of duties, at present shared by one or two men, amongst several. Thus, if there are a sufficient number of applicants for the post, six Post-mortem clerks will be appointed every other month instead of four, their actual duties, however, being limited to two instead of three days a week. There will be four Aural Surgeon's dressers appointed every other month instead of two, as hitherto; and six clerks instead of two in the Obstetric Out-patient department every six weeks; while the work of the eye wards is to be divided between eight Ophthalmic clerks, holding office for six weeks, and eight dressers, who will in future hold office for three months each, whereas there were formerly only four Ophthalmic dressers holding office for four months apiece. Under the other heading are instituted some entirely new appointments of Clinical assistantship—four in the surgical and four in the medical wards, four in the medical, two in the Gynæcological and one in the Aural Out-patient departments. The latter two appointments are respectively of the duration of two and six months; while the others last for a period of three months, and their holders are eligible for re-appointment for a second period of three months. We have thus continual employment for fifteen more senior students in the higher appointments, and for, roughly speaking, the same number or more, by virtue of the numerical increase of minor posts already in existence.

The one case in which, as mentioned above, the duties of the resident staff are affected by the new arrangements is that of the Gynæcological Assistants, who will in future relieve the Obstetric Residents of their duties in the Out-patient department. Except when the Assistant Obstetric Physician is away and the senior officer of the Charity is doing his work, the Obstetric Residents will have no work in the Out-patient department. Their duties have not been very arduous even hitherto, and now that the irksome and not very useful duties of the Out-patient department are to be taken from them, they will have still more time to themselves than hitherto, and their position may almost become compatible with reading for an examination. The general effect of the changes in the obstetric department is practically to spread the work of the residents over the space of four months instead of two, for residents will probably in future be chosen from those who have done the work of Gynæcological Assistant. At the same time the changes will ensure the treatment of out-patients being witnessed by six Clerks and two Assistants regularly.

In the ophthalmic department we fancy there will be no very eager competition for the post of clerk unless that becomes a necessary preliminary to the dressership. The dressership, it is noted, is to be divided amongst eight men, and the duration of their office is to be reduced from four months to three. The value of the appointment is hereby to a certain extent diminished, but since by the new regulations work in the eye wards is now a necessity, and since hitherto only twelve men could hold the appointment within the year, the change was a necessity. They will be glad at the same time to be relieved of the duties of report writing.

The changes in the Aural and Post-mortem departments will similarly allow more men to

see the work of those departments, but will give to each less to do. It may be doubted, however, if the Post-mortem clerkships will be so eagerly sought after as the regulation would seem to suggest, and as indeed would seem to be advisable from the point of view of the men themselves. The Post-mortem appointment is of great value, and tends to keep up the prestige of our School for pre-eminence in the subject of Pathology, but it does not seem to be fully appreciated. The fact is, that in this as in other departments, men cordially dislike the reporting work.

In the Wards and Medical Out-patient department, on the other hand, there is some definite new work to be done. The Clinical assistants in these quarters are to act almost as deputy registrars, to assist the clerks in their work, to carry out investigations required by the Physician, Surgeon or Registrar, and to help the latter in the matter of reports and in examining growths and diseased tissues. In the assistance they will give to clerks they will be satisfying certain folk, and amongst them ourselves, who have always maintained that a certain amount of clinical instruction to clerks when they first enter the wards would be of great service—a view expressed in our correspondence column in the summer. At the same time the additional facilities for grouping and classifying cases, and summarising results of treatment should be of as much value to the firm to which the assistant is attached as the examination of specimens and increased practice in section-cutting and mounting will be to himself. The amount of work to be done in the appointment will depend largely on the holder himself, and will doubtless admit of much other reading and other work being done at the same time. The new Clinical Assistants will presumably be attached to their respective firms, and be in no way associated or confused with the great and unique Guy's appointment of "Clinical."

Finally, we must welcome the change as part and parcel of the modern and excellent attempts that are being made to introduce the spirit of true scientific enquiry into clinical work. It is well-nigh impossible for men who are learning the rudiments of their ward-work to undertake special scientific investigations which cannot well be of immediate use to them in private practice; and as a rule such investigations have been entirely left to the surgeons and physicians. Now we shall hope to see a definite series of experiments carried out by one firm or another, and some most valuable scientific results obtained, as well as scientific methods acquired by the investigator.

In conclusion, we must congratulate the authorities on the new arrangements, which we look on as the beginning only of changes, into which we cannot enter now, and as a most excellent advance a progressive spirit which will serve to maintain in its high position the rank and reputation of the Guy's Medical School.

Cholecystotomy.

CLINICAL LECTURE BY Mr. SYMONDS,
May 22nd, 1896.

Gentlemen,—I propose to read to you the notes of a case that has recently been in the wards—a case of Gall-stones—and operated upon a couple of weeks ago with success. The patient, a woman aged 35, was sent up by Dr. Alexander, of Faversham, with the diagnosis of a floating kidney on the right side, or a distended gall-bladder. There was in the region of the gall-bladder, a smooth, rounded tumour, which could be displaced somewhat backwards into the loin. It could also be moved slightly from the lateral aspect of the abdomen towards the median line. It was comparatively painless, so that it might have been a floating kidney, or a distended gall-bladder. One feature about the tumour I thought characteristic of a gall-bladder was, that when moved towards the median line, swinging the fundus, as it were, a definite pyriform shape could be made out. It could be traced quite up to the liver, which, to me, seemed again to indicate a case of distended gall-bladder. The patient's history, so far as it will help in the diagnosis, was as follows:—That for fifteen months she had suffered from attacks of pain in the right side, and that these began six months after her last confinement. She noticed that after the confinement the abdomen did not subside in the usual way. Then she felt a movement and a swelling in the right side, when she was walking, or when she turned over in bed. She had a good deal of pain at times, but it was not continuous, so that there were periods when she was free. This is common in cases of gall-stone, and equally so in cases of floating kidney. As to her negative symptoms; she had no sickness after food, but she often felt pain at the pit of the stomach, which she said seemed to swell. Pain came on sometimes suddenly, and at other times it was of a gnawing or heavy character. There never had been any jaundice, and, as far as we know,

there never had been any bile in the urine. However, there was a definite tumour, and I proposed that we should open the abdomen and see what this tumour was. Before doing so, we discussed the question of a large or floating kidney, or of gastric neuralgia. The latter point I shall refer to presently. In the absence of jaundice, and with a distended gall-bladder, the obstruction was no doubt in the cystic duct, and was most probably caused by a gall-stone. The patient was prepared in the usual way, and a vertical incision made in a line with the tenth rib. This, no doubt, is the best place for an incision, in order to reach the gall-bladder. Formerly the incision was made across the rectus, and was especially employed by Messrs. Musser & Keen, the American surgeons, who certainly led the way in operations on the gall-bladder. Subsequently Mr. Lawson Tait did a number of successful cases by a vertical incision, and since that time it has been usually adopted. A fairly large gall-bladder presented itself. It was so large, that it was easily brought out through the wound, and projected, I should think, an inch and a half beyond the section. Having got it out, the next thing to do was to pass a finger underneath the gall-bladder and trace down the cystic duct, when at once a hard fixed body, no doubt a stone, was encountered.

The diagram represents the position in which the stone was felt. It was not a very large stone, but was impacted just beyond the gall-bladder. On tracing down the common choledic duct to the duodenum, no further stone was felt. I was fairly satisfied with this exploration, for as the patient had never had jaundice, I did not expect to find a stone in the common duct. I will presently show you, by a case, how there may be a stone in the common duct, without jaundice, at the time of the operation. Having felt the stone, the next thing was to pack around the region of the gall-bladder with sterilized pads—an essential stage in the operation. It was carefully packed, and the gall-bladder freely incised. If the gall-bladder cannot be brought to the surface, you must aspirate it, and if the fluid is too thick to pass through the aspirator, you must incise and collect it on a sponge or pad. In this instance the gall-bladder could be brought out, so that it was freely incised. The fluid which escaped is worthy of mention; it was opalescent, without any tinge of bile. Putting my finger into the gall-bladder, the stone which I show you was found, loose in the cavity, and it was the only one. As you will see it is a somewhat curious stone. It has three white facets, and the surface between these is rather rough and irregular, looking very much like the bark of a tree. These three facets indicated at once the existence of another stone at some period; the corrugated surface between the facets suggested absence of friction of late. On putting my finger further down into the gall-bladder the end of a stone was felt quite distinctly in the situation marked in the diagram. One could feel the stone from the outside at A, and was that originally encountered at the first exploration. Down at the end of the gall-bladder was a firm ring, shown in section at C, which just admitted the tip of the finger, and through this ring the stone could be felt. What was the best means of removing this stone? Now, several plans suggested themselves—

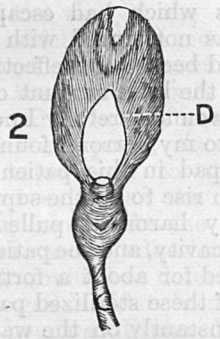
(*a*) To insert a pair of forceps and dilate the ring, and then with the finger to dilate further. You see the cavity beyond this ring was practically filled with the gall-stone, so that it was impossible to get a pair of forceps in far enough to do any efficient work, and it was equally impossible to drive the finger through.

(*b*) To incise the ring. This is attended with a certain amount of risk, as you can quite understand. Had I cut the ring the peritoneal cavity might have been entered without my knowing it, and the patient might have had a fatal extravasation of bile into the peritoneal cavity; so this plan was dismissed.

(*c*) To crush the stone with a pair of broad-bladed forceps covered with rubber. This plan was first suggested and successfully practised by Mr. Lawson Tait for stones in the common duct.

(*d*) To pass a needle in handle into the stone and break it up. The difficulty here was that from the incision in the gall-bladder to the stone

was a distance of about four or five inches, so that it was not easy to needle the stone without being quite sure of not injuring the bladder wall itself. Rejecting these methods I adopted the following course. The stone was at 'A,' the fibrous ring at 'C.' I incised the gall-bladder just above the ring, obtained a good view of the stone, and broke it up with a needle and took it out by means of a scoop, and here are the fragments. The cystic duct was explored to be sure that no further stones were lodged there. Then I sutured with a continuous suture the portion of the gall-bladder marked D, the diagram (No. 2). There are several ways



in which you can deal with the gall-bladder after operation, and the plan I adopted is a very useful one. The gall-bladder was brought up to the surface and a stout piece of rubber tube placed inside it, and the gall-bladder was tightly tied to this indiarubber tube by means of a stout silk ligature bound two or three times round. Then the peritoneal surface was sutured to the skin in four places. You observe the surface of the gall-bladder was not sutured to the peritoneum; as a rule I omit this step now in all operations upon the abdomen, but probably one occasionally is not very wise in doing so. It was a short and comparatively an easy operation, and the patient went on very well indeed. The tube in the gall-bladder carried the bile out into a basin, so that the wound was not irritated. When we took the tube out, about the 10th day, the bile ran over the wound and irritated it slightly, so that when she left hospital at the end of three weeks, there was still a granulating surface. I think this is a very fair type of the simpler cases of gall-stones, and the method of dealing with them.

What is the prognosis in this particular case? I mean is she liable to the formation of further gall-stones, and has she only been freed for a time? I think we may say that as she had no gall-stones in her common duct, there is a fair prospect of freedom. In describing the case, I mentioned that the fluid in the gall-bladder was white. Now, this is due to the fact that the cystic duct was completely blocked by the stone preventing the entrance of bile and the exit of mucus. As the pressure in the gall-bladder increases the mucus becomes thin like water. In the first case I ever operated upon—a good many years ago—the fluid was so white and watery that we all thought I had opened a hydatid. Bile subsequently came through the fistulous opening, showing that the cystic duct itself was not permanently obstructed, but closed, I take it, by the accumulated fluid in the gall-bladder, for the only cause of obstruction was a stricture of the common duct.

The next case is one upon which I operated the same day that I did the previous patient. This was a lady 63 years of age. I had never seen her before, and I must say when she came into the room, a tall woman, exceedingly thin and sallow, I thought there must be malignant disease. Everything was ready, and I proposed to go on with the operation. She had had many attacks of hepatic colic with jaundice, and possessed a beautiful collection of gall-stones of all sizes from the finest grains of sand. She had literally boxes full of sand, showing the care she must have taken to collect this material from the stools. It is interesting to note that she passed nearly the whole of these during a few weeks three years before. Patients who have gall-stones for a long time have a special proclivity to the formation of malignant disease in the ducts, especially round the gall-bladder, and this was in my mind when the patient was placed upon the table. She was a spare woman, and though the liver could easily be examined no enlargement of the gall bladder or liver could be discovered. The presence of jaundice indicated the existence of gall-stones in her common duct. I was, therefore, prepared for a rather extensive operation. In exploring, we found a large mass of stones deep down in the portal fissure, evidently in the common duct. The wound was packed as before and the gall-bladder opened, giving escape to bile; so that here the cystic duct was not obstructed. The gall-bladder was short and could not be brought freely into the wound. This is a distinct disadvantage in operating upon these cases; moreover the wall of the gall-bladder was thinner than usual. In the first patient it was abundant and very thick, so that we could hold it with forceps with the greatest ease. However, we had to proceed with the case, and we took out a few small stones, of which I show

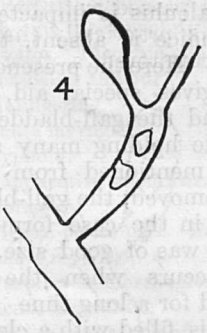
you specimens. Passing my finger down I encountered a very troublesome condition indeed. I show you in the diagram what I found. One finger was passed well down into the gall-bladder, I think practically through the cystic duct, and encountered a firm ring (A), and

through this I could easily feel a large gall-stone. The mode of procedure I adopted was to insert a pair of forceps and stretch the ring very gently and very steadily, and then ultimately I was able to get my finger through and to spoon out by degrees a number of stones. This seems to be the best way of dealing with such cases. The instrument used was a flexible spoon.

It takes a very long while sometimes to get the gall-stones out, as the work is carried on at a great depth. In this case having removed several stones I found a hard large one, measuring quite one inch across. By means of the spoon it was cut up and removed in pieces. I should think what I show you does not represent more than half the amount brought out from the common duct. The operation was a very long one, extending something over two hours, and we were a little anxious about the patient. She took chloroform well, and we know that as long as the work is confined to a corner of the abdomen, the operation may go on for a very long time, provided always the peritoneum is healthy, especially the peritoneum covering the intestine. In the course of manipulation in this case the gall-bladder became torn almost into shreds. When I saw the gall-bladder so torn, I thought it was perfectly hopeless to do anything with it. It was also very small and short. What was to be done with this torn and small gall-bladder? One might have cut it away altogether, turned the end over and sewn it up, an operation that goes by the name of Cholecystotomy. However, I thought it was better to do it in another way, and so with a needle I sewed up the rents in the gall-bladder in the same way as was done in the previous patient. Being a little uncertain as to the accuracy of the stitching, I passed a tampon of gauze underneath the gall-bladder, a safe and useful plan. In the case of any bile escaping through the line of suture it would come out along the plug of gauze. Then in order to drain the gall-bladder, a large drainage tube was passed into it, and the bile drained off into a porringer, Very little bile got into the wound and the patient went on well. I went to see her the second and fourth days after the operation and I was astonished to note a large amount of pus which had escaped from the wound. It was not tinged with bile, so that the suturing had been quite effective. I could not understand the large amount of pus, but on examining the wound carefully I noticed a white mass in it and to my horror I found that I had left a sterilized pad in this patient's abdomen, which had given rise to all the suppuration. It did not do any harm. I pulled it out and washed out the cavity, and the patient's recovery was only delayed for about a fortnight. I am always afraid of these sterilized pads being left in, and I am constantly on the watch for them. I had taken the precaution in this instance to count out two dozen and we had used a dozen and a half. The nurse, a very able woman, was quite sure I had got all the pads out, but she made the unfortunate error of throwing the last six as she counted them amongst the other twelve, so that there was a little confusion and we lost one. As you know, in the course of a long operation people hardly ever agree as to how many pads are inside. I think one may look upon this case as a fair type of a serious operation for gall-stones. By the end of a fortnight the old lady was an entirely different looking creature; she had made flesh, her sallowness had quite disappeared, and she acknowledged that she had never felt better in her life.

Time will not permit me to relate other cases, but I will briefly refer to another instance or two. The first is a very interesting one. A lady, aged 52, who had had symptoms of abdominal trouble for thirty years, and various diagnoses had been made. I would draw your attention to a particular point in diagnosis, because it is of use and has a special clinical value for you. She had had jaundice, but the history of late was very indefinite, and there had been really no straightforward attack of deep jaundice. To the left of the umbilicus

had been noticed from time to time a swelling, which had varied in size, disappearing with a gurgle, so that everybody who had seen her put it down to adherent small intestine. It appeared to me like a case of gall-stones, and I thought we might operate upon her. I made an incision in the usual place, and found the gall-bladder, which was not distended at all, and contained no gall-stones. However, on exploring further down I picked up two calculi in the common duct. When I first felt them, they were close to the liver, but in my manipulation I could move them up and down with the greatest ease. I should think that the duct would have carried my thumb quite easily, judging from the size of the stones and the freedom with which I could move them up and down. So, you see, the common duct being much larger than the stones explained the absence of jaundice in this patient. There is another interesting point, viz., that the gall-bladder lay below and to the left of the umbilicus, and explained the swelling which everybody had taken to be the small intestine. Probably there was an adhesion near the gall-bladder, which would have determined intestinal coiling. The gall-bladder being so far off, I supposed the liver was displaced by tight lacing, although she refused to own to this. People never will own to tight lacing, but we know well that we find the liver in curious places sometimes. There was so much displacement that I was obliged, in order to get at these two gall-stones, to make an incision in the median line. With an incision as mentioned I could bring the common duct within the wound and exhibit these gall-stones quite easily. I could not get the stones into the gall-bladder, although I could move them up and down, and I could not dilate the cystic duct sufficiently to get in either the forceps or my finger. What was to be done? Two plans were possible. The first, to cut into the duct, take out the stones and sew it up again. This has been successfully done, and I was preparing to do it when one of the stones disappeared. It had evidently been crushed in the grasp of my fingers. Acting upon this suggestion, I crushed the other one and closed the abdomen. The operation was done some three years ago, and since then the patient has been perfectly well. If the gall-stone had been very hard I should have had to incise or pass a needle into the duct, broken the stone up with the needle and then pulverized it with my fingers. There is just a risk, you know, in regard to the neighbouring anatomy which makes one a little anxious when passing a needle into the duct. When the duct is enormously dilated, you can do almost anything with it.



Another case was an interesting one. It was the first case I ever had to do—that of an old lady who had had several attacks, and who gave me really a difficult operation. In this case the gall-stone was situated in the common duct; the gall-bladder was very small, and it was empty. It was almost impossible to get from the gall-bladder into the common duct, although the distance did not appear more than an inch and a half. However, with a great deal of patience I managed to dilate it sufficiently to get my finger in and removed the stone. The gall-bladder was so small that it was impossible to bring it to the surface. I stitched it up and drained the portion of the peritoneal cavity with perfect success. The wound closed and healed up, but the patient unfortunately died of cystitis later on. I think one may say that all these cases did quite well as regards the operation itself, and, as you will remember, two of the patients were old people, and the operations prolonged. The amount of shock is very slight, as it is in all localised operations in the healthy peritoneum, where the intestine is not exposed too freely.

With regard to diagnosis, these cases of hepatic colic naturally divide into those with and those without jaundice. The presence of bile in the skin and urine is the clinching sign in any doubtful case. Here we must remember that many other causes lead to obstruction of the common duct. Besides the two most common, viz., cancer of the head of the pancreas, and of the gall-bladder, I may mention a recent case in a boy where the obstruction proved to be a small hydatid and was unfortunately overlooked. In the first case of enlarged gall-bladder that came under my care for operation, the obstruction proved to be a

stricture of the common duct. Lastly, I think it may be said, that disappearance of jaundice points to gall-stone, especially when the attacks recur.

When the calculus is impacted in the cystic duct and jaundice is absent, the diagnosis is more difficult. Here the presence of an enlarged gall-bladder gives special aid, but it is very common to find the gall-bladder imperceptible clinically while holding many stones. In the case I have mentioned from which eighteen stones were removed, the gall-bladder could not be felt, while in the case forming the text of this lecture, it was of good size. The enlargement only occurs when the cystic duct is obstructed and for a long time, then, as I have shown you, it is filled with a clear watery fluid, or in an earlier stage with an opalescent viscid secretion. The enlarged gall-bladder may closely resemble a hydronephrotic kidney, especially when the latter is partial, and again, renal may simulate hepatic colic.

Note in both forms, the aid which sex affords all the cases were women.

There are cases also of pyloric obstruction and of adhesions about the stomach, and of so-called gastric neuralgia, which resemble those of hepatic colic without jaundice. Fortunately the more frequent exploration of the abdomen leads to the discovery of many relievable conditions. I will give you a few brief notes of a case bearing upon this side of the question; a case containing the most remarkable I have ever dealt with.

The patient, a man, recovered from seven abdominal operations, which varied in length from two to four hours. He is now perfectly well, and, as might be expected, his abdominal wall looks like a checker board. He was when first seen 46, and since the age of 16 has had abdominal pain, and this, as described by himself, and as witnessed by his medical attendant, was about as characteristic of gall-stone pain as anything could possibly be. A couple of hours or so after meals he was seized with violent pain in the pit of his stomach. It was so violent that he had to lie down and roll about in his agony. Then this pain gradually worked towards the region of the gall-bladder; in fact, he would put his finger exactly on its anatomical site. The attack ended with a violent stabbing pain in this position, where great tenderness remained for some time. There was no dilatation of his stomach and no distension of his belly. On examination, I found a normal gall-bladder, no gall-stone; but I discovered some adhesions near the gall-bladder. I closed the abdomen, he recovered—and gradually got worse, until Dr. John Walker, of Peterborough, recognised the fact that this man had a dilatation of the stomach, or, rather, obstructed pylorus. I operated; found his stomach thickened and dilated from obstructed pylorus, the result of old ulceration and adhesion to the duodenum. My operation on his gall-bladder producing a few fresh adhesions had determined complete closure of the only channel that existed, and made the man a great deal worse. This was the only cause of the pain, as proved by the fact that the patient during the night after the second operation (gastro-duodenostomy) drank a pint of milk, and within a week he was able to take solid food readily, and was perfectly well.

I will mention one other case in which I have operated and removed gall-stones and in which the patient had a return of the pain, I opened the abdomen again and found that the stomach close to the pylorus had become adherent to the scar, and produced a puckering which interfered with the circulation of food. I would like also to impress upon you the question of adhesions occurring round the neighbourhood of the duodenum and pylorus, giving rise to pain and existing for many years. The operation is a fairly safe one, and the best cases to undertake are those where jaundice is absent, but with a moderate amount of jaundice there is no addititional risk. Deep jaundice adds the risk of hæmorrhage. Dr. Marion Simms' original case died from rectal hæmorrhage, in consequence of the deep jaundice.

Hospital News.

In the Medical Wards.

CLASSIFIED LIST OF CASES.

Circulatory System.

Mary	1, 46.	Chlorosis.
	10.	Mitral stenosis and regurgitation. Aortic regurgitation.
	14, 45.	Mitral stenosis and regurgitation.
	29.	Aortic regurgitation. Chronic nephritis.
	30.	Mitral stenosis.
	31, 34, 41.	Mitral regurgitation.
	32.	Chlorosis.
	33.	Mitral regurgitation. Pericarditis.
Philip	9, 19.	Aortic stenosis and regurgitation.
Stephen	7.	Mitral regurgitation.

Nervous System.

Mary	12.	Cerebral tumour.
	25.	Acute paralysis of left leg. Incontinence of urine.

PHILIP 8. Infantile paralysis.
10. Hemiplegia.
14. Epilepsy.
STEPHEN 1. Lead neuritis.
3. Compression-paraplegia.
31. Psoriasis.

Alimentary System and Abdomen.

MARY 2. Carcinoma of cæcum. Intestinal obstruction.
4. Cancerous peritonitis.
8. Ascites. Enlarged liver and spleen. Syphilitic cirrhosis.
13. Enlarged liver. Gall-stone.
20, 35, 39. Typhoid fever.
38. Chronic constipation.
42. Appendicitis.
43. Hæmatemesis.
PHILIP 28. Gastric Ulcer.
STEPHEN 15. Tuberculous peritonitis.
19. Hæmatemesis. Gastric Ulcer.
21. Appendicitis.

Respiratory System.

MARY 3. Bronchitis. Phthisis. Anasarca.
17, 22, 48, 49. Phthisis.
37, 44. Bronchitis.
PHILIP 3, 6, 22, 29, 33, 36. Phthisis.
12. Bronchitis.
15, 16. Empyema.
STEPHEN 12, 28. Chronic bronchitis.
14, 24, 39, 40. Phthisis.

Genito-Urinary System.

MARY 26. Menorrhagia.
PHILIP 5, 13. Chronic nephritis.
7, 27, 36, 39. Chronic tubal nephritis.
18. Glycosuria. Chronic nephritis.
21. Subacute nephritis.
30. Renal calculus.
STEPHEN 5. Hæmaturia. ? Villous growth.
8. 23. Acute nephritis.
9. Diabetes mellitus.
20. Hydatid of kidney.
34. Chronic tubal nephritis.
37. Chronic intestinal nephritis.

Miscellaneous.

MARY 27. Gangrene of fingers.
PHILIP 1. Acute rheumatism.
4. Malaria. Enlarged spleen.
37. Anæmia. Enlarged spleen.
40. Eczema.
STEPHEN 25. Acute rheumatism.

CLINICAL.

UNDER DR. PYE-SMITH.

JOHN 1. Aortic aneurysm.
2. Pleurisy with effusion.
3. Lobar-pneumonia with pleurisy.
4. Typhoid fever.
5. Broncho-pneumonia.
6. Abdominal abscess. Parotitis.
7. Lobar-pneumonia.
8. *Carcinoma abdominis.*
9. Intestinal obstruction.
10. Chronic tubal nephritis.
11. Ascites. Pleuritic effusion. Pyrexia.
12. Cerebellar tumour.
13. Malingering.
14. Acute laryngitis.
15. Typhoid.
16. Suppurative tonsillitis.
MIRIAM 17. Epilepsy.
18. Plastic peritonitis. Pelvic abscess.
19. Acute myelitis.
20. Purpura hæmorrhagica.
22. Acute bronchitis.
23. *Malignant growth of peritoneum.* ? Primary.
24. Mitral stenosis and regurgitation. Tricuspid regurgitation.
25. Cerebral abscess. Left frontal lobe.
26. Tuberculous laryngitis.
29. Perimetritis, etc.
30. Eczema.
31. Lobar-pneumonia.
32. Double aortic and mitral disease, etc.
33. Lobar-pneumonia.
34. Diphtheria.
35. Empyema.
36. Intussusception.

In the Surgical Wards.

CASES UNDER MR. HOWSE.

ACCIDENT 4, 26, 27, 32. Fractured tibia and fibula.
24. Dislocation of hip into dorsum ilii.
30. Crushed foot. Syme's amputation.
NAAMAN 2. Necrosis of lower end of femur.
3. Tuberculous glands in neck.
5. Tuberculous testicle. Testicle rotated.
6. Lymphoma of glands in neck.
9. Lupus of foot.
12. Retained testicle on right. Left testicle descended but imperfectly developed.
19. Bursa over osteophyte on inner side of knee.
CHARITY Cot. Injury to brachial plexus.
Cot. Talipes equino-varus. Phelp's operation previously performed.
Cot. Tuberculous knee-joint.
1. Hare-lip.
8. Swelling at upper end of tibia of doubtful nature.
18. Enlarged glands in axilla. Lymphomatous, &c.

CASES UNDER MR. DAVIES-COLLEY.

CORNELIUS 4. Crushed hand. Amputation.
9. Fractured patella.
19, 20. Fractured tibia and fibula.
LYDIA Cot. Fractured femur. Vertical extension.

Lydia	Cot.	Strangulated inguinal hernia.
	3.	Sinus over sacro-cocygeal joint.
	20.	Strangulated umbilical hernia.
	23.	Tuberculous knee-joint.
Luke	2.	Strangulated omental hernia.
	6.	Synovitis of knee. Causation doubtful.
	8.	Chronic ulcer of leg. Necrosis of tibia.
	13.	Senile gangrene.
	18.	Strangulated omental hernia.
	19.	Reducible inguinal hernia. Recurrence after radical cure elsewhere.
	22.	Impacted extra-capsular fracture of neck of femur.
	17, 21.	Epithelioma linguæ.

Cases under Mr. Lucas.

Lydia	11.	Wasting, &c., forearm. ? Idiopathic muscular atrophy.
	13.	Lupus of legs and palate.
	Cot.	Nævolipoma of cheek. Excision.
Job	7.	Hammer toe. Amputation.
	19.	Old excision of knee for injury.
	23.	Hip-joint disease.

Cases under Mr. Golding-Bird.

Martha	4.	Sciatica.
	9.	Painful stump; old Syme's amputation.
Lazarus	7.	Sinus persisting after radical cure of hernia.
	8.	Painful and swollen knee. Rheumatoid arthritis.
	16.	Urinary sinus.

Case under Mr. Jacobson.

Naaman	20.	Pyæmia. ? Following middle ear disease.

Cases under Mr. Symonds.

Martha	14.	Bronchocele.
	15.	Hydrops of knee. Enlarged semi-membranous bursa.

Cases under Mr. Dunn.

Martha	Cot.	Imperforate rectum. Bowel opening into vagina.
Lazarus	2, 6.	Epithelioma linguæ.

Notes on a Case of Acromegaly.

H. W., aged 45, inmate of West City Poorhouse, Aberdeen, under care of Dr. Gordon.

Family History.—Father alive and healthy; mother dead, was a healthy woman. Patient had nine brothers and sisters, all alive and healthy. No history of this disease nor of rheumatism in the family.

Previous History.—Was a healthy child, but used to suffer from headaches when a boy. Started work as a farm servant when 13 years of age, and was so employed for some years. Then worked as a railway labourer for some time. Had to give up work owing to commencement of present disease.

History of Present Illness.—When about 27 years of age patient began to complain of dull pains in legs and and back. He was very easily tired. Then he noticed that his hands, feet, and face were gradually getting larger. The trouble gradually grew worse, the enlargement of the hands, feet, and face increasing gradually, and his spine getting gradually bent forwards. He experienced great difficulty in rising off a chair and had difficulty in walking, so that he had to use a stick to get along with any degree of comfort. During this time he says he was not troubled with headache, but had pains in his back and legs.

Present Condition.—Patient is a tall, heavily-built man. He is six feet in height and weighs twenty stone. His head—especially his face—and his hands and feet are greatly enlarged. His face is an elongated oval in shape; malar bones very prominent; nose long, thickened and prominent; lips—especially lower—thick and prominent. The jaws are greatly enlarged, the lower jaw being especially enlarged and prolonged forwards, so as to make a very ugly "underhung bite." The extent of the overlapping is three-fourths of a molar behind and half an inch in front.

The teeth are large and well formed, and in the upper jaw are placed pretty regularly, only the first bicuspids being twisted. In the lower jaw the teeth are not nearly so regularly placed, there being considerable spacing. The largest space is between the central incisors. The right central is inclined outwards, overlapping the lateral, making the space between the centrals more at the cutting edge than at the necks. At the necks of the teeth the space measures half an inch, while at cutting edge it is three-fourths of an inch. There is a space between the left central and lateral, and one between the first bicuspid and the canine on the left side, each measuring one-eighth of an inch. The left first molar has not erupted nearly so far as the other teeth, but lies in a hollow between the second bicuspid and the second molar. Only two teeth are absent—the first left upper molar, extracted thirty years ago for "toothache," and the second right lower bicuspid, which fell out seven years ago, when patient was eating a crust of bread. The space left by the falling out of this tooth is abnormally large. Only one wisdom tooth has erupted—the left lower one. Teeth are free from tartar, although patient never uses a toothbrush. The palate is expanded and high; it feels quite hard. Soft palate is hypertrophied. Uvula is hypertrophied. Tonsils are both enlarged, left more than right. Pillars of fauces are enlarged. Tongue greatly hypertrophied. Hands are very large, but not deformed, as they are well proportioned one part of the hand to another. The skin over the phalangeal joints is in deep folds. The hands are of ordinary consistence, and not œdematous in the least. The forearms and arms are not enlarged. Feet are also very large and of same general character as hands. Legs and thighs not enlarged. The knee-joints seem to be enlarged, especially towards the inner sides. Movements of joints normal; in fact, the joints of the fingers are very flexible. Thorax is enlarged anteroposteriorly, and sternum and ribs seem to look downwards as well as forwards, the lower ribs being inclined more downwards than normal. Spine has an anteroposterior curve on it—no definite kyphosis, but simply an extreme condition of "round-shoulder." There is

also a lateral curve to the right side, which is greatest opposite the fifth D.V., where the deviation from the middle line is about one inch. There is prominence of the right shoulder. Heart normal, seventy-six per minute. The sounds are distant, and no apex-beat is visible, owing to the standing forwards of the sternum. Blood-vessels normal. Lungs normal, eighteen per minute. Urine normal in quantity and constituents. Genital organs are normal in appearance, but sexual desire is diminished. Liver normal. Spleen normal. Thyroid gland is probably normal in size, but edge of sternomastoid muscle somewhat hinders examination. It is certainly not enlarged. Thyroid cartilage is small in size. Lymphatic glands are not enlarged. Skin is of a yellowish colour, and covered with freckles. Very little hair on body generally. Head is well covered with rather course brownish-red hair; no hair on chest; very little on legs, pubes and armpits; very slight beard and moustache.

Walking is difficult without the aid of a stick. It is a swaying waddle from the hips, the knees bending only very slightly. Owing to the enormous size of the feet, they rub together when passing one another. It hurts the patient's back to walk. There is a lipoma on the left hip. Appetite is good, but capricious. Memory is fair. Temper is irritable, and patient is inclined to sulk. Hearing, sight and smell are very good. Speech is slow and thick, patient seeming to have difficulty in getting the words past his tongue.

Measurements.	*Right.* Inches.	*Left.* Inches.
Circum. of leg above int. mal.	10	10
Circum. of leg at calf	14	13¾
Circum. of leg round condyles	16½	16½
Length from int. condyle to int. mal. ...	16	16
Length of foot from heel to point of great toe	13	13
Circum. round instep	13½	13½
Circum. of hand across met. phal. artic....	11¼	11¼
Circum. of middle phal. artic.	10½	9¾
Circum. of closed fist across met. phal. artic.	14½	14
Circum. of wrist	9	9
Circum. of forearm above wrist	8½	8¾
Length of hand from lower end of ulna to tip of middle finger	9	9
Length from prominence of malar bone below middle of orbit to a point midway between angle of lower jaw and symphosis	5½	5¼
Length from above point on malar to symphosis	6¼	6¼
Length from temporo-maxillary artic. to symphosis	8¼	8¼
Length from angle of lower jaw to symphosis	6⅛	6⅛
Length from post. edge of last molar to middle of space between centrals in lower jaw...	2⅜	2¾
Ditto in upper jaw	2¼	2¼
Distance between buccal sides of last molars in lower jaw...	3¼	
Ditto in upper jaw	3	
Length of nose	3½	
Distance from root of nose to symphosis ...	9	
Circum. of head just above ears	25¾	
Circum. of head across malar bones (middle of ears)	27	

Guy's Hospital.

STUDENTS' NEW APPOINTMENTS, 1897.

The following arrangements have been made for increasing the number of Students' appointments in order to provide additional clinical instruction during the fifth year of the curriculum:—

The Department of General Medicine.—(A) Four senior students will be appointed, one to each Physician every three months, commencing February, May, August and November, with the title of *Clinical Assistant in the Medical Wards*, and will be eligible for a second period of three months. It will be their duty (1) to assist the Junior Ward Clerks in examining urine, sputum, &c.; (2) to carry out any investigations required by the Physician or Medical Registrar; and (3) to assist the Medical Registrar in classifying and annotating the reports. (B) Three senior students will be appointed, one to each Assistant Physician, seeing medical out-patients, every three months, commencing January, April, July and October, with the title of *Clinical Assistant to Medical Out-patients*. It will be their duty to supervise the selection of the cases for the Assistant Physician, to assist the Out-patient Clerks in investigating the cases, and to carry out any investigations required by the Assistant Physician.

The Department of General Surgery.—Four senior students will be appointed, one to each Surgeon and corresponding Assistant Surgeon every three months, commencing February, May, August and November, with the title of *Clinical Assistant in the Surgical Wards*, and will be eligible for a second period of three months. It will be their duty (1) to assist Ward Clerks in making chemical and bacteriological examinations of urine, pathological excretions, and specimens; (2) to make ophthalmoscopic, laryngoscopic, and other more difficult clinical investigations; and (3) to assist the Registrar in classifying and annotating the reports.

The Department of Obstetric Medicine.—The duties hitherto performed in the Out-Patient Department by the Obstetric Residents, except that of occasionally acting as deputy in the place of the Assistant Obstetric Physician, will be withdrawn from these officers, and the duties be performed instead by senior, not necessarily qualified, students holding a new appointment with the title of *Gynæcological Assistant*. These assistants will hold office for two months, and one will be appointed at the commencement of one month and

two at the commencement of the succeeding month throughout the year. *Six Obstetric Out-Patient Clerks* will be appointed to hold office for six weeks, commencing on January 1st, February 15th, and corresponding dates.

The Department of Ophthalmic Surgery.—The duration of the appointment of *Dresser in the Eye Wards* will be three months, commencing February, May, August and November, and the number of dressers eight (four to each Ophthalmic Surgeon). A new appointment of *Clerk in the Ophthalmic Department* will be instituted, the duty of the Clerks being to prepare Clinical Reports of the in-patients, and to write the notes of the out-patients and their prescriptions. For this purpose eight Clerks will be appointed every six weeks.

The Department of Pathology.—Whenever there are sufficient applicants for the post of *Post-mortem Clerk*, six instead of four Clerks will be appointed to hold office for two months, each Clerk being on duty in the Post-mortem Room two instead of three days a week.

The Department of Aural Surgery.—There will be a new appointment of *Clinical Assistant in the Aural Department*, who will hold office for six months, and be eligible for a second period of the same length. The number of *Aural Surgeon's Dressers* will be increased to four, holding office for two months.

Guy's Hospital, L. E. SHAW,
November 28th, 1896. Dean.

The first Clinical Assistants in the Medical and Surgical Wards will be appointed for four months, and will hold office from January 1st to April 30th, 1897.

The Clinical Assistant in the Aural Department will hold office from January 1st for six months.

One Gynæcological Assistant will be appointed for January and February, and one for March and April.

The Dressers in the Eye Wards appointed in *March*, will hold office for two months only.

The following is, then, we believe, a correct and complete list of the new appointments now open to students:—

I. Necessary Appointments:—Ward Clerk, Surgical (3 months), Medical (6); Dresser, Assistant Surgeon's (3), Full Surgeon's (3 or 6); Extern (1). Total 16 or 19 months.

II. Appointments formerly existing:—Ophthalmic Dresser (3 months); Post-Mortem Clerk (2); Anæsthetic Clerk (1); Throat Dresser (3); Aural Surgeon's Dresser (2); Dental Surgeon's Dresser (2); Clerk in Skin Department (3), in Obstetric Wards (3), in Obstetric Out-Patients' Department (1½), in Electrical Department (2); and Clinical Assistant (3). Most of these may be done, with good fortune and energy, in a year.

III. New Appointments:—Clinical Assistantships in the Surgical Wards (3 or 6 months), Medical Wards (3 or 6), Medical Out-Patients' Department (3), Aural Department (1½), Gynæcological Department (2) and Clerk in the Eye Wards (1½).

Re-Endowment Fund.

The monies received on the Re-endowment Fund account have now been invested in approved securities, and the Hospital revenue will henceforth be enriched by the interest on such investments. It is also gratifying to report that the annual subscriptions which have been promised to the extent of upwards of £3,000 per annum, are coming in with regularity as they fall due a second time.

All our donors and subscribers will receive a communication about Christmas time which, although not of a begging nature, may re-kindle interest in the cause of Guy's. The Englishman is still sufficiently true to his old nature not to require any stimulating to charitable deeds at that season. All the same, it is as well in these busy rushing days for objects of charity as for other men and things to be in unobtrusive evidence.

We do hope that all our friends who may live within the sphere of operations of the Disguysed Minstrels during their coming tour will rally to the support of that excellent and unselfish organisation. The fixtures will probably finally be:—

1st Jan.	...	Peckham Public Hall.
4th „	...	Brixton Hall.
7th „	...	Woodford.
9th „	...	Beckenham.
11th „	...	St. George's Hall, Langham Place.
14th „	...	Theatre Royal, Richmond.
23rd Feb.	...	Crystal Palace Theatre.

Help will be particularly welcome in the case of Brixton and Richmond, while at St. George's Hall success must depend on the efforts of those closely connected with the Hospital. At Peckham, Dr. Cock and a committee of local gentlemen are generously devoting themselves to make the entertainment there a huge success, and all who know Dr. Cock will have little fear of the result, and similar remarks apply with equal force to Drs. Warner and Landon, at Woodford. Thanks to the County Council the Southwark fixture has had to be abandoned, and the difficulties which this enlightened body throw in the way generally, must be experienced to be appreciated.

Mr. Stanley Cock's poster for this series of entertainments is a triumph in what is now happily a distinct branch of art. Our thanks to Mr. Arthur Miller for the brilliant effort, which, as we write, he is making at Sutton, will find a prominent place in the next issue.

A Smoking Concert was held on Saturday, November 23rd, and passed off amicably and successfully with Mr. W. S. Handley in the chair. Owing to the absence of our musical critic, we are unable to give any detailed account of the proceedings.

E. H. LUSHINGTON, Esq.

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Passim.

In a leading article on the new changes and additions in the course of students' appointments, we have grouped together the effects of the new schedule, which has been issued from the office of the medical school and appears in another column of the present number. The changes are arranged primarily with a view to employing men in their fifth year, which under the latest regulations of the conjoint board must be passed before the final examination in medicine and surgery are undertaken. But at the same time the most important changes have been directed by the spirit now animating the staff towards a scientific investigation of clinical facts on the methods and lines employed in the so-called "exact sciences," and towards a radical energy in the introduction and testing of new methods. The new clinical assistants in the wards will, it is to be hoped, perform zealously and with tact the double function of instructing and assisting the clerks in their elementary work, and of cutting sections, collecting reports and otherwise making use of the large amount of clinical material which has hitherto lain to a large extent dormant.

We publish in to-day's issue a biography and an excellent portrait of Mr. Lushington. Allusion has already been made to his retirement, and to the universal regret which is felt at his departure by those who knew him, and it will be sufficient here to publish the following extract, which is taken from the minutes of a General Court of the Governors held on Wednesday, the 11th November, 1896.

> "Mr. Lushington rose to place in the hands of the Court his resignation of the office of Treasurer to the Hospital. He expressed his grateful thanks to the Governors for the help they had given him, and the kind consideration he had received at their hands during the twenty years he had held office.
>
> Upon the motion of Mr. R. M. Harvey, seconded by Mr. J. A. Shaw Stewart, it was unanimously resolved that the Governors accept Mr. Lushington's resignation of the post of Treasurer with regret, and hereby place on record their unanimous appreciation of his long, faithful and distinguished services to the Hospital and Medical School.
>
> The Court further desires to express its appreciation of the zeal, courtesy and integrity of principle with which Mr. Lushington has discharged the duties of his high office for a period of more than twenty years."

The picture of Mr. Lushington is a reproduction in collotype, by Messrs. Waterlow & Sons, of a photograph by Messrs. Elliott & Fry.

A subscription is being raised amongst the Governors and Staff to present Mr. Lushington with a piece of plate on his retirement from the Treasurership. Mr. Lushington has in turn presented Mr. Williams, Clerk to the Hospital, with a piece of plate as a reminiscence of their twenty years' work in common.

Christmas is fast approaching, and preparations are duly being made in all the wards for its celebration in the usual manner. We are requested to make known to all Guy's men that the residents have already opened their subscription list for the patients' Christmas dinner. A "record" sum of £70 was raised last year, which on distribution to the different wards, however, was none too large for the purpose; and it is to be hoped that this amount will be exceeded this year. Any toys or other suitable presents for the Christmas-tree will be gratefully received in Martha ward. Charity begins in the hospital. It always has done so, and we hope it will always continue to do so in Guy's.

This collection, however, must not be confused with the separate sum which is raised in each ward for the decorations and Christmas entertainments. For this purpose the members of each firm, past and present, will without doubt contribute liberally if only for the sake of competition. There is no better way of expressing the fellow-feeling that binds all men together than by giving as far as possible both of money, energy and talents with the purpose of cheering up for the time, and making a permanent impression of real happiness on the lives, of those less fortunate than ourselves. Such an impression has not only an immediate therapeutic effect, but will often give the patients a new idea of life, besides acting as an indelible bond of union between all who are attached to Guy's.

We regret that through their late arrival we have been unable to insert in this week's Gazette a full account of the Nurses' Cycling Club, and the successful inauguration of their club-house; and an account of the oxygen treatment of wounds and ulcers.

We also hold over to next number a full account of the performance of the musical burlesque entitled "Antony and Cleopatra," which was written and composed by Messrs.

Miller, Cazenove and Adamson, and was acted for two nights only at the Sutton Public Hall on Wednesday and Thursday last. Considering that the authors were practically novices in their art, and the orchestra and actors pure amateurs, we must pronounce the whole performance as a very great success. Indeed, it was a wonderful production in every way.

The Debating Society meets to-night to discuss the advisability of an alliance of English-speaking peoples. Mr. Reaside proposes the motion and is opposed by Mr. Fremantle. It is hoped that there will be a good attendance and some new speakers.

In a letter published in another column, our attention is called to an alleged want of courtesy on the part of some official of Guy's to the staff of the *Daily Mail*. The truth is that the *Daily Mail*, being unable to send a representative to the Hospital on the occasion in question, must have applied for information through the telephone. The porter, however, at the front lodge, has too much to do to answer such questions, and it is natural enough that he should have refused any further answer. We all know and respect the front porter, and are convinced that the didactic paragraph in the *Daily Mail* was totally uncalled for. Such, we are tempted to point out, was scarcely the tone that should have been adopted by a paper as yet of small standing towards an institution whose patronage would be of substantial benefit to its welfare.

An account is given in another column of an interesting case of that rare condition, Acromegaly. Photographs and casts of the patient in question are to be seen in the Museum of the Dental Society.

Some 2,000 copies of our Christmas Card have been already ordered, and a third thousand will be printed. The first instalment is expected to arrive on Monday. The Librarian is taking orders at the rate of one shilling the half-dozen. Any copies left over will be sold at 3d. apiece.

We again scan the horizon in search of someone who shall undertake the reporting of clinical lectures, either occasionally or as a permanency. A shorthand writer will be preferred; but if, as seems probable, none such be forthcoming, anyone willing to take down notes of the lecture and copy them out in extenso afterwards for the sum of 7s. 6d. per lecture, may send in his name to the office of the Medical School by Saturday the 12th inst.

The Dance at Bromley on behalf of the Shortlands Cot, was both socially and financially a very great success. The indefatigable hostess said, in a way that courted denial, that nothing would induce her ever to get up such an undertaking again.

Under the heading of Hospital News will be found, in addition to the ordinary lists, a catalogue of the cases in the "Clinical" wards. These have hitherto been omitted, as the Registrars do not include them in their morning rounds. The clinical assistants have kindly undertaken to supply the above list, and we hope this good service will be continued by future firms. The list of cases in the ordinary wards give a misconception as to the practice of the hospital, as the best cases are to be found in the thirty-six beds of John and Miriam wards; and the present addition will also enable students to use the wards, as is their right, far more than hitherto. We should hope that before long it may be the duty of some teaching official to make a daily round of the Clinical wards in the mornings.

The following articles have appeared from old Guy's men in the medical journals of the last fortnight:—

Remarks on the Diagnosis and Treatment of Extra-Uterine Fœtation, with notes of a complicated case. By J. D. Malcolm, F.R.C.S. (Guy's).—*British Medical Journal*,, November 28th.

The left Auricle in Mitral Stenosis: Hypertrophy and Dilatation. By D. W. Samways, M.A., M.D., D.Sc. (Guy's).—*Ibid.*

On the Fringes of Disease. By Dr. Goodhart. Delivered at the opening meeting of the Manchester Medical Society at Owen's College, October 7th.—*Lancet*, November, 21st.

Three cases of Diphtheria occurring in Patients the subjects of Nephritis, treated with Antitoxin. By E. W. Goodall, M.D. (Guy's).—*Ibid.*

In view of the approaching Surrey Cup Tie, a few words on the team may not be inappropriate. It is very hard lines that the team should lose the services of Barker (whom we are glad to see about again), but they are to be congratulated in having such a capable substitute

as Thomas, who, although he had not much to do in the Foresters' match, saved once in a masterly fashion. The full-backs know their work, but are apt to kick too high in the air, and last Saturday Robson once badly missed his kick; they are both on the light side but have plenty of pluck and do not shirk their work. The halves are distinctly good, McAlpine in the centre especially so, but he is a little too fond of leaving his place.

On the whole, the back division is quite satisfactory. Alas, we wish we could say the same of the forwards. On Saturday there were two evident passengers among them—Whitcom on the extreme left and Brown on the inside right. The former appears willing, but is clumsy with his feet, while the latter never exerts himself, and his passes are very poor. Humphry, who is now captain, was the best man on the field, and is quite the best shot and hardest worker in the team. He sets his men an excellent example, which they would do well to follow, for he is always on the ball and never tires. Mandy is tricky on his wing, but would do better with a more suitable partner. Hughes plays a hard game in the centre, but is hardly scientific enough. We are quite sure the team ought to beat Croydon Park. They have it in them; all that remains is that they play their hardest and best every minute of the game.

Now that Football has been in progress for a couple of months, we are in a position to gauge to a certain extent the relative strengths of the various hospitals. Thomas's are certainly not yet up to their usual high standard of excellence; in fact, they only won their first match last Saturday, and that against the Civil Service F.C., who are not considered a wonderfully strong team. However, the surprising way in which they "come on" after Christmas must be borne in mind, and providing they have Rotherham down from Nottingham, should, in Cup ties, prove as formidable as yore. Bart's, too, seem to have fallen off somewhat, having lost one or two good men since last year. George's, though not much heard of, appear to be quite up to their usual standard. They have a good pair of halves and several dashing forwards, and must always be reckoned with when Cup ties come round. London and Mary's are better than they have been for the last year or two, but are hardly likely to go anywhere near the Cup. Middlesex, Charing Cross, and King's, seem to be the least likely hospitals to make any show whatever.

As regards our own chance, for the present we are not disposed to fancy it greatly. True we have a very fair record, better in fact than the other hospitals, but still the team have lately proved to be somewhat unreliable, and this especially applies to the forward division. It must be remembered by all that Football is indeed a science, and however hardworking a man may be, unless his work is applied at the right time, in the right direction, and in concert with the rest of the fifteen, it might just as well not be applied at all. For the future, however, we confidently believe that all faults can be remedied, and the team ultimately prove as good a one as ever Guy's has turned out.

The first meeting of the Court of Committees under the New Régime was held on Wednesday last with the Treasurer in the chair. Reports were received from the various standing committees and sanctioned.

Nursing News.

The following Probationers and Lady Pupils have been successful in passing the Nursing Examination for this year:—Alexander, Attenborough, Andrews, Atkinson, Baker, Cawley, Carter, Catchpole, Collins, Drake, Dewhurst, C. Davies, Davis, Eaton, Eagle, Friend, Fischer, Freeland, Frankham, Gordon, Graham, Grice, M. Gray, Greenwood, Heath, Knight, Lyon, Lambert, Lloyd, McKechnie, McKinley, Man, March, Mountford, Nash, O'Neill, Pollard, Percival, Purkiss, Pullin, Raffey, Ridges, Reeve, Stoney, Symons, Simpson, Sutton, Tuke, Thomas, Thompson, Tippets, E. Tubbs, K. Taylor, Wilson, Walker, Wills, Warren.

We are always glad to follow the career of our former workers, and we are pleased to note the success of Miss Court (formerly a lady pupil here) in obtaining the post of Matron to the Eton and Windsor Hospital.

Miss Halahan will be well remembered by most of us; and we have to congratulate her on her appointment as Nurse-Matron to the Reynard Cottage Hospital, near Gainsborough.

In another column will be found an account of the funeral—with military honours—of our former worker, Nurse Meheux. She trained in this hospital as a probationer, entering in August, 1880. There are few of us who will remember her personally, but we must all of us feel a glow of enthusiasm on hearing of the honours (bestowed probably for the first time on a nurse) being accorded to a former member of our school.

The Late Treasurer.

Edward Harbord Lushington was the eldest son of the Right Hon. Stephen Lushington, D.C.L., the distinguished judge of the Admiralty and Arches Courts, and is brother to Judge Lushington of the Surrey County Courts, and Sir Godfrey Lushington, late Under Secretary of State for the Home Office. He was born July 29th, 1822, and was educated at a private school at Hampstead, and at a private tutor's, the Rev. W. Paley's, at Dishforth, Yorkshire. Having been nominated to the Indian Civil Service, with which many of his family were connected, he went to the East India College at Haileybury, of which Le Bas was the principal, and Malthus, Empson (afterwards editor of the *Edinburgh Review*), Sir James Stephen, Jones, Melvill, and many other well-known men were professors. There he obtained a gold medal for Persian, that department being then presided over by the Mirza Muhammed Ibrahim, a Persian nobleman resident in England.

He went out to India in 1840, and was there for thirty years, during which time he served under eight Viceroys, Lords Auckland, Ellenborough, Hardinge, Dalhousie, Canning, Elgin (father of the present Viceroy), Sir John (afterwards Lord) Lawrence, and Lord Mayo.

On his arrival in India in 1841, he acquired much administrative experience of the Revenue and Judicial Departments, in the districts of the 24 Pergunnahs, Jessore, and Chittagong; and was afterwards magistrate of Patna, a populous city and district in Behar, till he took furlough in 1851.

On his return in 1854, he served in the District of Nadiya as collector, and in 1857 was summoned to Calcutta as Secretary to the Board of Revenue. Thence, however, he was shortly despatched as Special Commissioner to the Province of Burdwan to suppress the Mutiny which had then broken out in the adjoining Province of Sothal, his friends nicknaming him the "Infant Commissioner" on account of his comparative youth. He became for the time a military commander, with power of life and death; he captured by surprise the fortified houses of two great Zemindars who were disloyal, and took another prisoner, and on two occasions had to oppose with a mere handful of men a great uprising of the Kohls. On the last of these occasions the rebels were in large numbers, and, though beaten, inflicted wounds on many of the British Officers, Mr. Lushington himself receiving two slight wounds. His services were acknowledged by the Secretary to the Governor of Bengal in a minute dated March 3rd, 1858, in the following terms:—

"Your proceedings for restoring confidence in the minds of the inhabitants are fully approved, and I am desired to express to you the Lieut.-Governor's complete satisfaction with the able and energetic manner in which the expedition has been conducted, and with the tact and ability which have characterized your proceedings throughout."

Subsequently he was Commissioner of the Nadiya Division in 1860–1, at a crisis when there were serious differences between the landholders on the one hand and the Ryots on the other, in connection with rents, the cultivation of indigo and other agrarian matters of great importance. He was appointed Secretary to the Government of Bengal, when the late Sir J. P. Grant was Lieutenant-Governor; and in 1864, on the appointment of the late Sir Edmund Drummond to the Lieutenant-Governorship of the N.W. Provinces, Mr. Lushington was selected by the Viceroy to succeed the above-named gentleman as Financial Secretary in the Indian Government. In this capacity, from the administration of Lord Elgin and during the Viceroyalty of Lord Lawrence, down to the arrival of Lord Mayo and his own retirement in 1868, Mr. Lushington discharged the duties of a very important office under the late Sir C. Trevelyan and the late Mr. Massey, who were the Ministers of Council entrusted with the supervision of the finances of all India and the preparation of the annual budgets. As Financial Secretary Mr. Lushington became, *ex-officio*, one of the directors of the Bank of Bengal, an institution somewhat analogous to the Bank of England in this country.

In 1848 Mr. Lushington married Mary, daughter of Colonel Ramsay, commanding the great military station at Dinapore. She died last year after nearly fifty years of married life, and there survive her four sons and a daughter. Of the sons, two are majors in the army, and the other two, Sydney and Guy, are making their mark at the Bar. The only daughter, Helen, married in 1881 Mr. Frank Radcliffe, who is now one of the most eminent of juniors in the Courts.

Mr. Lushington returned to England in 1870, and took a house at Weybridge, to be near his father, then living in extreme old age at Ockham. A house was built for him by his friend, Mr. Charles Buxton, at Brackenhurst, Cobham, in the same neighbourhood, close to St. George's Hill. The energy of his character soon began to show itself, and he became practically interested in several charitable institutions, and in 1876 he was elected to succeed his father as Governor of Guy's. His father had died in 1873 at the age of 91, and he was the head of his family, each member of which felt the support of his unfailing kindness and wisdom. To Guy's he gave the full advantage of his great administrative talents and unresting energy. We may note five great enterprises which he carried through:—

1. The Reform of the Nursing System in 1876–7.—This was effected under difficulties, into some of which it would be undesirable to enter. When good and able men are led to act from distrust and suspicion, whether justly or unjustly, regrettable things will be done and said. But such things may well after twenty years be consigned to oblivion. The work was carried through; and even if any doubt remains about the mode of doing it, no one, we believe, who can compare the training, status and discipline of the nurses as they are now with that which existed twenty years ago, can doubt that the changes have been of the greatest value.

2. The Great Collection of £100,000 in 1886.—The agricultural depression had at that date begun to grow serious, and the funds of the hospital were no longer adequate. But it was hoped that a change might come, and rents might rise. The great collection, therefore, was an expedient to carry the hospital over a bad time. The collection was started and carried through by the Treasurer, to a large extent by his own personal influence, and amounted in all to £120,000. It was hoped at first that one half of it might be invested as a permanent addition to the hospital income; but the exigencies of yearly maintenance prevented this being carried out.

3. The College, Gymnasium, Clubs' Union and Athletic Ground.—The conception of these was, we believe, entirely due to the Treasurer, though he was ably and generously seconded by the Staff of the Medical School. The readers of this Gazette are probably familiar with the College, many of them from personal experience, and know its benefits. It contains 60 sets of rooms, and is under the care of a resident Warden. The gymnasium and ground are in constant use. The Clubs' Union unites the Students' Club and all other students' institutions in Guy's into one, giving to each increased stability and scope. Practically, every student is now a member of this ever-growing organization, and has every opportunity of satisfying his own inclinations in several distinct directions. Under the same régime, too, the present series of the Gazette was started afresh under difficulties, and is now established on a firm and solid basis. How different are the prospects of a young lad coming to Guy's as a medical student now from those satirized by Dickens 60 years ago! And how much greater is the consideration in which the Profession is held!

4. The Dental School.—This was first established in old Mary ward, and removed on the completion of the dental buildings to its present abode. It is the only school in London, if not in the United Kingdom, where men are able to complete the whole of the required course for L.D.S. qualification without making use of other institutions. It is the best attempt yet made to systematize the profession of dentistry and prevent it falling to the level of a trade. In this project the Treasurer has taken the strongest interest possible throughout.

5. The Re-Endowment of the Hospital.—It was found in the course of last year that, the agricultural depression being permanent, an effort far transcending that of 1886 must be made if the hospital were to maintain its high place and its usefulness. The rents, as is well known, have gone down from £40,000 to £20,000. Accordingly, the Treasurer set to work once more, and, with the co-operation of his many friends and colleagues initiated the great scheme of re-endowment. We need not dwell in detail on the plans by which it has been attempted to give effect to this design. The meetings and the great festival dinner of last June, the concerts and entertainments, are fresh in our memory, and belong also to the present and the future. We believe every Guy's man is resolved that the efforts of the present year shall go on without abatement until the grand result is achieved.

But a few words more remain to be said. In 1895 Mr. Lushington became a widower, and his bereavement was that not only of the man but of the Treasurer; for the deep interest of Mrs. Lushington in all that concerned the hospital, its patients, and especially its nurses, was known and felt by all at Guy's; and she made her beautiful home in Surrey in many ways subservient to the interest of the hospital. Mr. Lushington has felt in some degree the approach of old age, and his eyesight has for some years been failing. He has faced a new condition of things manfully, and with a full understanding of the needs of the time; but he feels that the work must now pass into new hands, and the best wishes of all who have known him go with him in his well-earned retirement.

He will remain on the list of governors, and the hospital will still have the advantage of his experience and good judgment, from which it has benefited so greatly. He has been assiduous in visiting the hospital estates in all parts of England, and careful in his management of them. His ability and personal popularity have attracted the attention of a very wide circle of English society to the needs of the hospital. His residence within its walls has enabled him to attend to every detail of administration, and to give his attention, as he was always most ready to do, to each question that was brought before him; and his constant kindness, his steady application to business, and his never-varying courtesy have drawn out the better nature of all and kept the whole body over which he presided in unity. He has held the reins with an undaunted hand to the last moment, and the best tribute we can pay to his services is to bring his great conception of re-endowment to complete realization, and to ensure that Guy's shall stand pre-eminent among the hospitals of London and of the world.

Royal College of Surgeons of England.

Bradshaw Lecture.

Notice is hereby given that the Bradshaw Lecture will be delivered in the Theatre of the College by Reginald Harrison, Esq., F.R.C.S., on Wednesday, the 9th of December next, at 5 o'clock p.m. precisely.

The subject of the lecture will be:—"Observations on Vesical Stone and Prostatic Disorders." Fellows and Members of the College are invited to attend.

Students and others, not Fellows or Members of the College, desirous of attending the Lecture, will be admitted on presentation of their private visiting card at the door of the theatre.

EDWARD TRIMMER,
24th November, 1896. Secretary.

Guy's Hospital Dental Society.

An ordinary meeting of the Society was held on Tuesday, November 10th, Mr. J. H. Badcock, the president, in the chair.

The minutes of the previous meeting having been read and confirmed,

Mr. Badcock delivered a short presidential address, in the course of which he apologized for not having prepared a speech for the occasion, and thanked the Society for their kindness in electing him as president; after which he called on members for casual communications.

Mr. J. Crombie, M.B., C.M., then showed models of the jaws, hand, and foot of a case of Acromegaly, an account of which is published in another column.

No other communications being forthcoming, the chairman then called on Mr. C. E. Brown for his paper on

DENTAL MICROSCOPY.

Mr. Chairman and Gentlemen,—Like members of Parliament on making their maiden speech, I must claim your indulgence in criticising this our first effort to amuse, and, we hope in some small measure, instruct to-night. Being fully conscious of the many imperfections our paper contains, we apologise on account of our inability; yet we feel there is no need for any such apology for the subject selected, since it is one, we regret to say, to which but little attention is given by our fellow students. At the same time, should we but give to it a larger place in our daily work, it would, I am sure, amply repay us for our time and trouble; and from experience we may speak of the inestimable value it has been to us in trying to understand the intricacies of the dental tissues. To fully understand the variations to be found in these tissues, it is necessary for us to be continuously examining them in all the varied aspects and forms (pathological or otherwise) they assume, both in their individual character as well as in their relationship with the surrounding tissues, and this can only be done by the continuous use of the microscope. It is not apparent at first sight what a help the microscope is to any of us in practice, and I am afraid, students as a rule have the idea that once they have obtained their L.D.S., all they require is the £ s. d., and therefore have no further use for the microscope, but this is a great mistake. To illustrate what I mean, we will take a case or two.

First.—We have a patient experiencing more or less constant grumbling pain, without any external symptoms to account for it, beyond perhaps a slight swelling on the jaw, and the dentist, having tried his best to relieve the patient without success, is forced at last to remove the offending tooth. If he now puts it on one side and thinks no more about, how much the wiser is he for such experience? But if, on the other hand, examination with the microscope confirms his diagnosis, or finds out where he was wrong, I venture to think he will not easily forget it, and will be all the better prepared on the next occasion, should he have a similar case.

Again, a patient comes under our care who is suffering continuously, apparently from an upper molar, and to use his own expression, at times he is almost *mad* with the pain. On examining the tooth, there is no decay found; our usual tests make no difference to the tooth, and heat or cold does not produce sensation of pain; but at his urgent request, and as we have in our own mind diagnosed the case to be either a pulp stone or the commencement of exostosis, the pain being caused by the new tissue closing up the orifice of the pulp canal at the apex of the root or roots, we carry out his wishes, and the offending member is removed. In such a case, it is invaluable for us to confirm our diagnosis by the aid of the microscope, and so we may multiply cases indefinitely. But as that is not our object to-night, and as bought sections are of comparatively no value to us, we will with your permission briefly touch upon the various methods of preparing sections of teeth we have extracted for the purpose of microscopic examination.

For the sake of simplicity, these sections may be divided into hard and soft, whilst we sandwich them by the process of preparing sections combining both tissues.

As the hard sections of teeth are the more common, and perhaps the more easily prepared, we will commence with a description of how to prepare them.

The method we adopt is that introduced by Mr. T. Charters White some years ago, and is as follows:—To commence with, select a tooth that can easily be held by the fingers, and with a fine metal saw cut off thin slices from the apex, and working towards the crown, placing each section in separate watch glasses containing water in the order in which they are cut off, so that at any future time during the process of preparing the sections, you know from what portion of the root the section has been cut. Proceed thus until the crown is reached, when, should you wish to continue to make the sections, you will have to cut through the enamel with a fine carborundum wheel or diamond disc before the section can be cut off with a saw. From a normal incisor it is thus possible to obtain from twelve to twenty sections in this way, after a little practice. We now obtain two pieces of ground-glass about twelve inches square, and placing one piece upon the table with the ground surface upwards, sprinkle upon it a small quantity of fine pumice powder, add sufficient water to make the mixture of about the consistency of cream, and place one of the sections in the centre of this. Now with the point of the index-finger upon the section, rub well with a rotatory motion the section under the finger, remembering it is the section you wish to rub down, and not the epidermis. This you will find will require a certain amount of practice, as it is much easier for a beginner to rub away the finger than the section. When the section is rubbed down in such a manner as to present a fairly even surface, turn it over and treat the other side in the same manner. Having accomplished this, we take the other piece of ground glass, and after

adding more water to the pumice powder, bring the two ground surfaces of the glass together and rub with a rotatory motion the upper glass; the effect of this being to rapidly, and at the same time evenly, rub the section down. Continue this till the section is about the thickness of writing paper, and then it will be necessary to remove all the pumice powder and rub the section down with water only, or if you have by you two pieces of glass that have been used for some time for the purpose of preparing sections, finish off between the smoother glass, which has the advantage of reducing the number of scratches upon the surface of the section, and so it is less liable to pick up any dust.

It is a very good plan at this stage to put a piece of paper with any print upon it beneath the first piece of glass, and in a little while you will be able see the printed matter through the section. At this stage let me draw your attention to the care needed; as two or three rubs of the ground glass when the section is in this condition will convert what may be a most interesting specimen into a conglomeration of ground-glass, water, and the re mains of a section in the form of a series of pieces with interesting, but perfectly useless contour, too small even to make the smallest of sections. Having ground the section, we will now wash it with plenty of water and, by means of a camel-hair brush, remove the remains of any pumice powder that may remain upon it. When cleaned, replace it in its original watch-glass and allow it to remain until you have treated the others in the same way, placing each in clean water until you have as many sections as you wish to mount. Originally the sections were mounted in this condition, and even now the majority of the text-books seem to know little or nothing about staining these sections; but some few years ago Mr. Caush demonstrated at the annual meeting of the B.D.A. in Brighton, a method of staining these sections, and called it surface staining. The properties of the tissues of the tooth being of different densities has been utilised, and by the aid of aqueous solutions of many of the aniline dyes, or even the ordinary coloured inks, these sections may be stained in a beautiful manner. If carefully done the line of demarcation between the tissues is very marked, the soft tissue in the form of periosteum or any lining membrane in the pulp canal taking the stain more deeply than any other part, the cementum next, and lastly the dentine may be very slightly stained. Should there be any enamel about the section, this does not stain at all unless its character has been changed as a result of decay going on. The method is very simple, and is as follows: Immediately before being used a small quantity of the stain is filtered into a watch-glass, and into this filtered solution the section placed from a few seconds to two or three minutes, according to the strength of the stain or the density of the tissues, as these vary very much.

A few spoilt sections will teach us far better than any amount of talking. One of the advantages of this method is, that, should the specimen be over stained it can easily be restored by careful rubbing between the two plates of ground-glass. Having stained the specimen, we will allow it to soak for some time in distilled water, so that the tubuli may become filled with water before mounting.

The next method of staining is very useful for showing very perfectly the tubuli and any interglobular spaces that may occur in the dentine; it also shows well the connection between the tubuli and the lacunæ of the cementum through the granular layer. The method is as follows: Immediately after extraction the tooth is placed whole into a bottle containing an alcoholic stain, any colour you may desire being made by dissolving one of the aniline dyes in methylated spirit. The tooth cannot remain in this too long, in fact the longer it remains, the better the results, and the teeth of our younger patients take up the stain much better than those of older growth. Many very beautiful results may thus be obtained, especially in longitudinal sections rubbed down very thin for the purpose of examination with the high powers.

There is yet another method we will draw your attention to which was introduced by Mr. T. Charters White. It is as follows:—The tooth or bone to be stained is soaked in ether, and after a short time passed into a solution of collodion, coloured with fuchsin. The tooth is allowed to remain in this for some time to obtain the best results.

We will now return to our sections, one of which must be taken out of the watch-glass and carefully dried. The different text-books recommend blotting-paper for this purpose, but I have found that little filaments from the blotting-paper adhere to the specimen and are not seen until the section is mounted. The best way to dry the section is by placing it in the palm of the left hand, and with the index-finger rub off the water until it is surface-dried, leaving the moisture in the tubuli and any other spaces there may be in the section, the object being to prevent the balsam filling up these spaces, so that the water, having a different density to the balsam, there is a much more perfect differentiation of these spaces.

After the section is dry it is mounted in the following manner:—Take some Canada balsam which has had some of its volatile oils driven off in a water bath until it is of the consistency of thick treacle, and with a glass rod rub a little on a clean glass slip held over a spirit lamp or bunsen burner. This is a much cleaner way than that of using the hard balsam which is employed in the microscopy class, and the temperature required to melt it is not nearly so high, so that the chances of warping the specimen are in this way much reduced. When free from bubbles, and while the balsam on the slide is still warm and soft, with a pair of tweezers insert one end of the specimen in the balsam and push under in a horizontal direction. When in position on the centre of the slip, the warmed cover glass is immediately put on, and the air bubbles (if there are any)—the stumbling block of most amateur microscopists—squeezed out from the end of the slip at which the specimen was

first inserted. When cold and hard the surplus balsam is cleaned off with a little chloroform on cotton wool and the slide is then ready to be examined.

It is not necessary to "ring" sections mounted in balsam, but a neat black ring put on by means of a turntable always gives the slides a finished appearance.

Longitudinal sections of teeth are usually made by grinding down on a corundum or carborundum wheel, first on one side and then on the other, until they are thin enough to be finished with ground-glass. In both the longitudinal and transverse sections the section will be in the same plane as the dentinal tubes, so if a transverse section of dentine is required, *i.e.*, at right angles to the tubes, a longitudinal section must be made on either side of the pulp canal, and in this way the cut ends of the tubes will be seen. All this takes very much less time to do than it does to talk about it. I have seen a specimen cut down, stained and mounted in less than five minutes, but the beginner must be satisfied if he does it in half-an-hour, and he must not be discouraged if he finds that all the enamel has chipped off, or that it is stained too deeply, or most probable of all, that it is covered with air bubbles. A very little practice will enable him to become an expert in that art, which, having once learnt, he will never forget.

With these hard sections, such as I have just described, it is possible to see all the different markings of enamel, dentine, cementum and bone.

Should we wish to examine the pulp or periosteum, the process is a little more complicated. They may be examined either alone or *in situ*, and as it is easiest to examine them separately we will commence with that process. Pulps may be obtained by cracking open a live tooth in a vice and removing the soft interior with a fine pair of dressing-forceps; periosteum has to be cut off the cementum with a very sharp knife. The soft tissue thus obtained is put into absolute alcohol to harden, for about a week, and while in the alcohol may be stained in bulk by adding any spirit stain. After it has hardened it is ready to be cut, and this may be done with a razor or a microtome. If only a few sections are required a razor does quite well, the greatest difficulty being to get the specimens thin enough to be examined with a high power. We will suppose the sections are cut and transferred to a watch-glass containing alcohol, where they are washed and dehydrated, after which we transfer them to oil of cloves, in which they are allowed to remain until they sink (usually about two minutes). They are then taken out and mounted on a slide with a drop of xylol and balsam. This can easily be made by dissolving a piece of hard balsam, about the size of a walnut, in one ounce of xylol.

By far the best way of examining the soft tissues is to mount them *in situ*, and this can be done in two ways; either by hardening the soft tissues, so that they can be treated as hard sections; or softening the hard tissues, so that they can be cut as soft sections. To soften the hard sections they have to undergo a process called decalcification, *i.e.*, they are placed in weak acids until the inorganic salts are removed, leaving a gelatinous mass. This has to be done very carefully, or the teeth will be rendered altogether useless.

One of the best processes is that of Mr. Hopewell Smith's, which is practically as follows:—Take some teeth, the live pulps of which have been hardened by immersing in alcohol, and seal up the apices with collodion. The teeth are then placed in a ten per cent. solution of hydrochloric acid for twelve hours. At the end of that time nitric acid is added in the proportion of one-tenth of the whole bulk, and at the end of about two days a similar quantity of nitric acid is again added, in which solution the teeth are left, until they are of the consistence of gristle. When in this condition they are removed and washed in a weak solution of bicarbonate of soda for about one hour, after which they are thoroughly washed with distilled water, and may now be cut into sections with a sharp razor. If the freezing microtome is used it is necessary to permeate the tissue with gum mucilage, and so the tooth is cut into three or four pieces and soaked in gum mucilage (for at least twelve hours) until they are required for use. In the freezing microtome the piece of tooth with a little gum mucilage round it is placed on a metal plate and frozen by means of an ether spray playing on the under surface of the plate, adding the gum until the whole piece of tooth is embedded in the frozen mass. The plate moves upward by means of a very fine screw at the bottom, and the knife is guided over the tooth by means of two glass slides. In this way sections from a thousandth of an inch to any thickness can be cut without any trouble, the thickness of the section being regulated by the amount of revolution you give the screw after each movement of the knife. The sections are now placed in a shallow dish, and washed with water to remove the frozen gum, and after being washed are stained with borax carmine or hæmatoxylin, and again washed. They are next placed in alcohol for about three minutes to remove the water, and then oil of cloves until they sink. As soon as this occurs it shows that the alcohol has been removed, and the sections are ready to be mounted in xylol and balsam.

This is a very simple matter and is accomplished by placing on the clean glass slip the section from the oil of cloves; remove the excess of oil, and in the centre of the section put a small drop of the liquid balsam and press the cover glass evenly upon it, until the balsam has filled up all the space between the cover glass and slip. When it has hardened, which will take some time, the surplus balsam can be cleaned off in the usual way. This process is a very useful one, but my experience has been that the teeth do not require to be left in the acid solution for nearly so long as is stated by Mr. Hopewell-Smith, forty-eight hours being ample, if plenty of the solution be used.

There is another way of decalcifying the hard tissues and that is by cutting the section down by the hard method, and then decalcifying it by means of a half per cent. solution of chromic acid. In specimens decalcified

in this way and stained with chloride of gold, Bödecker claims to have seen the minute thorns of protoplasmic matter running between the enamel fibres. We will now pass on to the methods of making the pulp so hard that it can be treated in the same way as the hard tissues of the tooth. Without doubt the best process is that of Weils, which consists of thoroughly impregnating the tissues with Canada balsam. The following is a summary :—

The fresh teeth with live pulps are cut into pieces with a fine saw, under water, after which they are placed in a concentrated solution of corrosive sublimate for three hours. They are then washed well in running water, and are put for twelve hours into each of the following solutions : 30 per cent., 50 per cent., 70 per cent., and 90 per cent. alcohol, adding to the 90 per cent. solution, 2 per cent. iodine. They are next put into absolute alcohol until they are quite white, after which they are put into a spirit stain for three or four days. They are now washed in alcohol and transferred to oil of cloves for twelve hours. After being washed in xylol, they are put into chloroform for twenty-four hours and are then put into a thin solution of Canada balsam in chloroform for three days, and are afterwards left in a thick solution of the same, until they are fully impregnated with the balsam. When this occurs, they may be dried in a water bath at a temperature of 90° C. until they are quite hard. The pieces are now cut into thin slices under water, and after being ground on a carborundum wheel on the lathe, are finally finished on a Washita stone with the finger. When thin enough they are mounted in balsam and chloroform. All this seems a very complicated and lengthy process, but it is no more trouble to do a hundred than to do one, and the splendid results which can be obtained by it will amply repay for all the trouble taken.

I have treated jaws of kittens with the soft parts *in situ*, in this way with very good results. This concludes the principal methods of mounting sections of teeth for the microscope.

I have curtailed the length of this paper for the fear of being tedious, and am quite aware that there must be many details left out in an essay of this description. For these I must refer you to the text-books on the subject, but I shall be very pleased to give any help in my power to gentlemen who may be interested in the subject.

In conclusion, I should like to add that the secrets of success in microscopy, are cleanliness and perseverance, without which, good results cannot be obtained. I must thank you all for the kind attention you have paid to a paper which at best cannot be one quarter as interesting as the practical side of the subject I have chosen, but if I have given you an elementary idea of the preparation of the dental tissues for the microscope, I shall feel that it has not been in vain.

Mr. Badcock opened the discussion by thanking the author for his interesting paper; and observed that there were one or two questions he would like to put; thus, when mounting hard sections himself, he always soaked them in alcohol, since he was afraid of rendering the specimen cloudy by neglecting to do so. As regards ringing the slides, he used to experience some little difficulty with the colours, as they used to run in under the cover-glass, often spoiling a good section. He would also like to know if Mr. Brown had tried renovating the old ground-glass with a piece of carborundum; he himself had found it very successful.

Mr. Hounsell said that he had listened with great interest to the paper, and quite agreed that it was a subject deserving of more attention. He would like to know if the author agreed with the rapid process of decalcification, and whether he had not found Weil's process very difficult. He mentioned an incident, at the recent L.D.S. examination, where a candidate, being asked what stain he would use to show bacteria, replied that he would employ Brunswick black.

Mr. Floyd wished to know the advantage of hard over soft balsam for mounting hard sections.

Mr. Dowsett said that when he tried to dry sections on the palm of his hand, the section used to be covered with *débris*. With regard to ringing, he had found the liquid asphalt the best agent.

Mr. Butler asked whether it was a fact that the younger teeth took the stain better than older specimens; and if so, how did Mr. Brown account for it. He would also like to know whether the author had ever seen the minute thorns of protoplasmic substance penetrating between the enamel fibres.

Mr. Brown then rose to make his reply: After thanking Mr. Badcock for the kind way in which he had criticised his paper, he said that as regards drying the sections, it was simply *surface* drying that was required, and that for a special purpose, viz., that the water might fill up the tubes, and thus render their differentiation more distinct. He thought the section was more likely to become cloudy if placed in alcohol, owing to the balsam in course of time filling up the tubes. He believed that the cause of the colour running in beneath the cover-slip was its premature application; and considered that the section should be left for three or four months, and any spaces produced by the shrinking of the balsam filled up, before ringing. He begged to thank Mr. Badcock for his hint on renovating the ground-glass, which he should certainly try.

He agreed with Mr. Hounsell as to rapid decalcification, when the latter was necessary, but thought that hard sections should be used more than they had been up to the present. Weil's process was certainly difficult, but careful attention to detail was all that was needed.

He explained to Mr. Floyd that the advantage of hard over soft balsam, was that the former set in about two minutes, whereas the latter might take two months or more, and he also considered that it preserved the integrity of the section better. If soft balsam were used it would gradually render the section homogeneous.

In reply to Mr. Dowsett,, he had never found dirt on his sections, but then he always washed his hands after rubbing down the section before drying it. (Laughter).

He had not used the liquid asphalte but had no doubt it was very good.

As to Mr. Butler's remarks, he thought young teeth were certainly more permeable to stains than older ones, and suggested that it might be due to the greater percentage of uncalcified material in the former. He had never seen the thorns of Bödecker between the enamel prisms, and feared that he did not anticipate doing so.

A vote of thanks was then proposed to Mr. Brown for his very excellent and practical paper, which was unanimously carried.

The author of the paper having suitably replied, the meeting then terminated.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Explosion in School.

DEAR SIR,—Enclosed is a cutting from the *Daily Mail*, dated Friday, 20th November, 1896. It seems a great pity that there should be any cause for such remarks to appear in the papers about the hospital.—Yours faithfully, W. A. FULLER.

Guy's Hospital, Nov. 21st, 1896.

A report was about yesterday that a gas explosion of a serious nature had occurred at the Rockingham Street Board School, Borough, on Wednesday afternoon, and that a number of children had been more or less seriously injured. A representative of the *Daily Mail* saw the headmaster of the school, who said:—

"The report has been grossly exaggerated. It is untrue that a number of children were injured. An explosion did take place on Wednesday afternoon, during the holding of a class in mechanics. Only one boy was hurt, and his injuries were slight; but I considered it best to take the precaution of sending him to the hospital."

Subsequently inquiries were made at Guy's Hospital by telephone, with the result that *a very discourteous representative of that institution brusquely refused to give any information whatever.* This, we are tempted to point out, was scarcely the tone adopted by the institution when the help of the Press was needed to further the hospital's plea for financial assistance.—*Daily Mail*, Friday, November 20th, 1896. [See note in "Passim" column.—ED.]

THE following dates have been fixed for the Ward Concerts during Christmas week:—

Friday, December	25th	—Disguysed Minstrels.
Saturday	„ 26th	—Martha (Xmas tree), Naaman.
Monday	„ 28th	—Accident, Dorcas, Eye Wards.
Tuesday	„ 29th	—Job, Mary, Samaritan.
Wednesday	„ 30th	—Lydia, Stephen, Lazarus.
Thursday	„ 31st	—Philip, Cornelius, Luke.

Sport.

Association Football.

GUY'S 1ST XI. v. OLD FORESTERS.

Played at Honor Oak Park on Saturday, November 28th, in cold but fine weather. The visitors arrived one short, but a substitute was found for them, and he was by no means the worst man on their side. Guy's won the toss and elected to play uphill. For about a quarter of an hour both sides were fairly evenly matched, but then our men took up the running and led at the interval by five to none. In the second half, which was played in semi-darkness, neither side appeared to exert itself, and our men, adding another goal, won by six to none.

[For comments on the play, *vide* "Passim."]

GUY'S 2ND XI. v. BECKENHAM.

Played at Beckenham on Saturday, November 21st, resulting in a win for Guy's by two goals to one.

The feature of this match was the splendid way in which all the men bucked up, a great improvement on their wretched display the Saturday previous at Eltham. The forwards all played a good game, Ash scoring from a clean shot during the first-half, and Davis scoring again, after the interval, from a scramble in front of goal. The halves were again weak, with the exception of Greenfield. The referee blew his whistle early on account of the darkness. Team:—

GUY'S.—P. H. Ward (goal); F. Turner and W. Smith (backs); A. H. Turner, D. G. Greenfield, Braithwaite (half-backs); P. Camps, E. J. Davis, J. Ash, L. D. Hughes, A. Pearson (forwards).

GUY'S 2ND XI. v. ST. BARTHOLOMEW'S 2ND XI.

These teams met at Honor Oak on the 25th, and although Guy's put in a good team (including two 1st XI. men), they were defeated by Bart.'s after a capital game by two goals to love.

Guy's, winning the toss, started with the wind in their favour and were pressed for the first few minutes. Pulling themselves together, the home forwards were able to put in some good combined work, and receiving able assistance from the halves, gave the Bart.'s goal-keeper plenty of work. Had they had a fast centre forward who could shoot—a *rara avis* at the hospital—Guy's must have scored during the initial half; as it was, they crossed over with nothing scored.

With the wind in their favour during the second half, Bart's did most of the pressing. From a scrum in front of goal they scored their first point, Brown failing to gather the ball. Guy's now attacked, and some good work on the left enabled Ash to put in a capital centre which should have been turned to account; the same remark applies to a capital corner kick taken by Greenfield. Bart's now came away again, and by some really

good play were able to beat Brown with a fine shot. After some even play the game ended as already stated.

In our second team we have some really good material; the backs are good, the halves decidedly so. Greenfield seems to improve every time he plays. The forwards know how to pass, and with Pearson and Ash among them should be capable of scoring. The wing men want to sprint more—both being rather slow with the ball. The same remark applies to the centre forward. The most conspicuous for Guy's out of a hard-working team were—Turner, Greenfield, Hall and Ash. Team:—

Guy's.—B. Brown (goal); W. Robson and F. Turner (backs); D. Greenfield, B. Hall and V. Smith (halves); A. Phelps, A. Pearson, E. Davis, J. Ash and —. Hughes (forwards).

GUY'S 2nd XI. v. OLD FORESTERS.

This match was played from home Saturday, November 28th, and resulted in a draw, the score being two goals all.

Play was fast throughout, our opponents playing an excellent combination game, the Rev. —. Guy in the centre being always dangerous. Luckily our halves were stronger in this match, Chandler at centre half being very useful, Braithwaite, too. kicking cleanly and neatly. The forwards again played well, but lack sufficient combination. Ash put the first goal through for us, then our opponents scored twice, but though the second goal was distinctly offside the referee allowed it. Pearson equalized in the second half, with a splendid long shot which just passed beneath the cross-bar. The game again terminated early owing to darkness. Team:—

Guy's.—P. V. Ward (goal); W. Smith, D. G. Greenfield (backs); Phelps, Chandler and Braithwaite (half-backs); P. Camps, A. H. Turner, A. Pearson, J. Ash and C. J. Hughes (forwards).

Rugby Football.

GUY'S 1st XV. v. EAST SHEEN.

This match was played at Richmond on Wednesday, November 18th, in foggy and dismal weather, with a sharp drizzle lasting the greater part of the game. Guy's kicked off against the wind, and within the first few minutes Dudgeon crossed the line, but the referee decided the ball was held outside. The game was very fast throughout and both sides nearly scored more than once. During the second half-time, F. E. Walker, who was playing half, made a beautiful screwing drop at goal, the ball striking the upright and dropping the right side of the crossbar. The point was disallowed on the ground that the ball was punted, a decision much against the approval of all the spectators, and a great surprise to players and onlookers. The game eventually ended in a pointless draw.

For Guy's, Ransford at back, J. Bryant and F. E. Walker were prominent. The forwards were very slow in getting on to the ball, but Dudgeon, Rowland, Watson and Row played hard.

East Sheen's strength lay in their forwards, but their outside defence was very safe, and their passing at times was good, but their three-quarters could not get through our back line. The following was Guy's team, which it will be seen consisted of several of the second men:—

Guy's.—A. C. Ransford (back); F. L. Rae, H. N. Clarke, F. S. Hunter, F. D. S. Jackson (three-quarter-backs); F. E. Walker, J. H. Bryant (half-backs); E. G. Goddard, H. W. Dudgeon, E. R. Rowe, A. A. Smith, H. D. Wood, C. F. Watson, R. J. Rowlands, J. N. Gardiner (forwards).

GUY'S HOSPITAL v. WICKHAM PARK.

This match was played at Honor Oak Park on the 21st inst., and resulted in a victory for the Hospital by a goal and a try to nil. Guy's lost the toss, and Goddard kicked off up the slope, Kingscote returning to half-way. The Hospital forwards immediately attacked strongly, and after pressing their opponents in their twenty-five for about twenty minutes, by neat heeling out gave the backs an opening. Wetherell made a short run and then passed to Clarke, and a pretty interchange amongst the three-quarters resulted in a try by Rae; Alexander failed to convert. Shortly before half-time Clarke was injured and had to retire. The teams crossed over with Guy's leading by one try to nil.

In the second half Rashleigh was taken out of the scrum to play three-quarter. Guy's, however, still held the advantage forward, though one short. About ten minutes before the close Alexander attempted to drop a goal, but the ball went wide; Gardiner, however, dashed up and secured a try which Alexander converted.

Remarks.—The Hospital halves both played a sound game, Wetherell being at times brilliant, and there is no doubt that he is a great success in his new position, and Hunter was sound. Amongst the forwards Gibson and Traill were conspicuous, but the tackling is as a rule far too gentle, and there is a general tendency to sleepiness. We regret to add that there seemed too much tendency to make a noise amongst the players, and a corresponding chilliness among the spectators.

GUY'S 1st XV. v. LENNOX.

This match was played at North Dulwich on November 28th. Lennox kicked off, and the ball was well returned by Alexander. For the first ten minutes the game was very even; the ball was then gradually worked back to our twenty-five and we had to act on the defensive. A series of scrums took place near our line, and from one of these Reid, getting possession, ran over and scored behind the posts; Reid converted. After the kick-off Lennox again pressed, and at half-time were leading by a goal.

During the second half Guy's continued to have the worst of the game, though the forwards would now and then get off with a good rush, and once there was some good passing between Alexander, Hunter and Jackson, the last nearly getting in. About ten minutes from

time Lennox again scored through a bad kick of Jackson's, and a few minutes before time the forwards presented Lennox with a third try. Result:—

LENNOX ... 1 goal 2 tries.
GUY'S ... ... nil.

Remarks.—The whole game was about as feeble an exhibition of football as Guy's have displayed this year, the object of every member being apparently to hide his light under a bushel. Ransford at full-back was decidedly off colour; the passing and tackling of the three-quarters and halves was about equal to that of a "little side" game at school; the forwards seemed not to have the slightest idea of the most elementary tactics; it is perhaps permissible to suggest that they should not heel in their own twenty-five, and that the front rank should occasionally try to obtain the ball in the scrimmage; wheeling is perhaps too much to expect of them. Cohen was the only forward who showed any dash; Gardiner was occasionally good in the open, but did very little work in the scrimmage.

GUY'S 2nd XV. v. LENNOX 2nd XV.

Played at Honor Oak Park on November 28th, and ended in a win for the Hospital by one goal and one try to one penalty goal (eight points to three).

Guy's kicked off, the ball being returned to touch near the half-way flag. The Lennox forwards secured the ball oftener in scrums than the Guy's forwards, and consequently the Lennox three-quarters did a good deal of passing, but never gained much ground. Our forwards were playing a fine game in the loose, and from a line-out near their line Smith got across the line and scored a try, which was converted. Soon after the kick-off, a good dribble by the forwards down to the Lennox line, and one of the forwards kicked across the ground to Barrow who scored a try which was not converted. Score at half-time: Guy's, one goal and one try; Lennox, nil.

After change of ends, Lennox played up hard, and were on several occasions within an ace of scoring. Once Pern made a fine tackle on the line which saved a certain try. The only score during this half was a penalty goal to Lennox in front of our goal.

Remarks.—Guy's forwards played a good game all through, but once again they showed their inability to heel out cleanly. The footwork and tackling of the whole eight was excellent, Tyson and Rashleigh being the pick; Pern and Dowsett did well in defence, especially the former, whose tackling was the feature of the game. The three-quarters had few chances at attacking, and were certainly the inferior of the Lennox third line. G. Evans kicked splendidly all through and on one occasion made a fine attempt at dropping a goal. Team:—

Guy's.—G. Evans (goal); J. Harris, J. M. Brydone, H. Barrow, T Morgan (three-quarter-backs); L. Pern, E. B. Dowsett (half-backs); W. Tyson, F. W. Rashleigh, E. R. Rowe, A. A. Smith, F. Featherstone, G. Shorland, N. Williams, A. W. Gater (forwards).

From the Gazette's Special Pathologist.

NOTICES.

C. S. T., Bideford.—The growth is composed of nucleated fibrous tissue traversed by many vessels. But it cannot be called an angioma, and there is no evidence of malignant disease.

T. B. J., Sleaford.—Microscopic examination of this specimen shows fragments of a vascular sarcomatous growth mingled with the blood clot.

A. P., Hull.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli associated with staphylococci.

W. B. T., Denmark Hill.—Bacilli are present in the sputum in fair numbers.

J. E., Middlesboro'.—No tubercle bacilli could be found in the sputum.

T. S. S. H., Cromwell Road.—No tubercle bacilli could be found in the sputum.

M., Swaffham.—No tubercle bacilli could be found in the sputum.

D., Kingston-on-Thames.—After incubation on blood-serum, the resulting growth consisted of Klebs-Löffler bacilli associated with large numbers of staphylococci.

T. H. H. C., Pern.—This material is ordinary mucus from the bowel, and is not unfrequently passed by neurotic patients with chronic constipation.

PATHOLOGIST.

Pass List.

Final Fellowship Examination, November, 1896

H. Davies, L. E. V. Every-Clayton, V. Pendred, F. J. Steward.

Primary Fellowship Examination, Nov., 1896.

F. W. Brook, H. Davies, D. J. Munro.

Appointments.

CIVIL.

Ensor, J. A., M.R.C.S., L.S.A., has been re-appointed Medical Officer of Health for Tisbury, Wilts.

Strover, H. C., L.S.A., L.A.H. Dubl., has been re-appointed Medical Officer for the Tempsford Sanitary District of the Biggleswade Union.

MILITARY.

Surgeon Lieut.-Col. P. A. Weir is appointed to officiate as Medical Officer, Kotah and Jhalrapatan.

Births.

PEDLEY.—On November 14th, at Tweedy Road, Bromley, Kent, the wife of G. Aston Pedley, M.R.C.S. Eng., L.R.C.P. Lond., etc., of a daughter.

Ed.—F. E. F.

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Notice.

All Communications, Articles, Letters, Notices, and Books for Review, should be forwarded, accompanied by the name of the sender, to the Editor, Guy's Hospital Gazette, *Guy's Hospital, S.E.*

Any of our Subscribers who may be desirous of having their numbers of the Gazette *bound should leave them with the Librarian.*

The annual Subscription to the Gazette *is* 6s. 6d.; *post free,* 7s. 6d. *All financial communications, as well as subscriptions, should be sent to the Financial Editor,* Mr. C. H. Wells, Secretary's Office, Guy's Hospital.

The charge for binding in blue, with the Arms of the Hospital in gold, will be One Shilling and Sixpence.

Calendar of Coming Events.

Dec. 19.—Mr. Howse's take-in; Drs., C. D. Outred and W. E. Waymark; Cl., R. Howard.
Lectures cease.
G. H. R. F. C.—I. London Scottish, away.
II. Maidstone, home.
III. Archer F. C., away.
G. H. A. F. C.—I. Idlers, away.
II. Kenley, home.
U. H. H. & H.—Point-to-point Race, Chingford.
" 23.—Mr. Davies-Colley's take-in; Drs., W. J. S. Harvey and W. H. M. Smith; Cl., C. C. Stead.
" 25.—Christmas Day. Chapel services 7, 8, 8.45, 10 a.m. and 8 p.m.
Disguysed Minstrels. Tour of Wards.
" 25–26.—Medical Office closed.
" 26.—Ward Concerts. Martha (Xmas tree), Naaman.
" 28.— " Accident, Dorcas, Eye Wards, Cornelius (6.0).
7.30. St. Olave's Workhouse, Disguysed Minstrels (without orchestra).
" 29.—Ward Concerts. Job(6.0), Mary(5.0), Samaritan.
8.0. Entertainment, Governors' Court Room, by Disguysed Minstrels.
" 30.—Ward Concerts. Lydia (4.0), Stephen, Lazarus (8.30).
8.0. Entertainment, Governors' Court Room, by Disguysed Minstrels.
" 31.— " Philip (4.0), Luke.
Jan. 1.—Disguysed Minstrels. Peckham Public Hall.
" 4.—Lectures resumed.

Guy's Hospital Gazette.

DECEMBER 19, 1896.

Christmas.

"Hallo! Whoop! How are you? Merry Christmas."—*Dickens, Christmas Carol, Stave* 5.

Such was the remark of an old gentleman, nearly seventy years of age, as recorded by the greatest exponent in modern times of the theory and art of keeping Christmas. Eight hours before venting himself in this manner, Ebenezer Scrooge was the stingiest and dismalest and most miserable of misers. "A Merry Christmas, Uncle! God save you!" had cried a cheerful voice, the voice of Scrooge's nephew that same Christmas Eve. "Bah," had replied Scrooge, "Humbug!" and in support of his remark, had protested against the hollowness of merry-making in the middle of a serious, would-be but can't-be, money-making existence. And yet in the course of a single night, Mr. Scrooge, the miserable and dismal miser, was become the merriest, the heartiest, the jolliest of all the merry, hearty, and jolly old fellows to whom Dickens has introduced us. The treatment, no doubt, had to be drastic, and the four Spirits who carried it out had not spared the patient's feelings. He had been shown the coals heaped up cheerily on the fire round which Bob Cratchit and his family were rejoicing on fifteen shillings a week; in his nephew's house he had the coals of fire heaped up most unpleasantly upon his own head; finally he had been where there were no coals at all but only the ashes and mortal remains of Ebenezer Scrooge, covered with a big stone, forgotten and untended. And so it came about that when Mr. Scrooge woke from his nightmare on Christmas morning, he was one of the merriest and jolliest of mortals. The treatment, we say, was effective. Whether its effect lasted or not, does not concern us here. We only know that

for one particular Christmas Day, one particular most un-Christmas-like man was aroused by the infection of other persons' Christmas revellings to an appreciation of the spirit of the season, whereby this particular man and sundry friends, relations, and other persons materially enjoyed their Christmas Day.

Reader, be you gentle or be you Scrooge-like, it is your duty as a Christian and an Englishman to enjoy Christmas Day. It is a duty you owe to yourself, as well as to your fellows that you should talk flippantly over your Christmas pudding, and pull all crackers that come in your way, to whomsoever they belong, and should honestly appropriate and wear the masks and pneumatic moustachios they contain. Have you to arrange a patient's bed or his dressing, you may still in the act, if he be convalescent and the Superintendent be not near, bump his head gently against the head-board as a token of goodwill; have you more irksome duties to perform or heavier sorrows to bear, you may for twenty-four hours try the original plan of a determination to forget yourself, and to take active part in the festivities around you. If you say you are unable, it is certain you have never tried. It is alike still your opportunity and your duty for one day in the year to raise, if need be, from the depths of your innermost being, what there is left of spirit and good cheer, and to distribute it equally and impartially on everybody and object you meet throughout the day. It is a day for peace and goodwill, peace between officials and their subordinates, editors of hospital gazettes and their readers, sisters and their ward-clerks, house-surgeons and their dressers, staff nurses and their probationers; peace to the weary, peace to the suffering and sad; and goodwill that means not only a moving of the lips, but an expression of the sacred fire of friendly feeling that smoulders or burns in every honourable and generous soul, above all on Christmas Day. For this purpose it is a most excellent habit, which some folks have and which to all who have the opportunity we would here recommend, on Christmas Eve or else on Christmas Day, to reach down from their shelves the volume of Dickens' Christmas Stories, and greedily to read again the mysteries of the Christmas Carol.

And so let the Yule-log crackle and blaze; let the brandy-fire dance round the holly in the pudding; fill up your pipes; pass round the bowl; let fly your ready jests; and one and all resolve to spend, as we wish you indeed—

A VERY MERRY CHRISTMAS.

The Ears of the Mind.

An Interlude.

By Thirtyzar Mortarvale.

"Eyesight and speech they wrought
For the veils of the soul therein."

Somehow I was feeling distinctly "off colour"—not that I know quite what it would be like to feel "*on* colour"; I suppose colour must belong to the category of things negative, like one's wax vestas and one's relations, the value of which one only realizes when they are not there. No doubt the cause of my condition was not far to seek—I hadn't had a holiday for some time (quite two months); I had a disquieting idea that I was *really* in love this time; and to top all I had a shocking earache. Altogether I was in that state in which sympathetic pity is to the last degree irritating, while its absence is a desolation of spirit. I had dined alone in my lodgings (if such an operation can be called "dining") and was sitting over a fire which failed to draw, and a glass of claret which could not inebriate. Outside it was raining in a quiet business-like sort of way, and the incessant patter of the drops made a kind of dismal *obligato* to my already not too hilarious lucubrations. For the moment the question was, Should I go to Mrs. Rostrum's dance or should I refrain? If I went, it might only make me feel worse; Milly would be there. Should I go round to the club instead? It was raining, and the result would probably be inadequate to the trouble. On the other hand, why go to bed if one can't go to sleep? A vagueness took the place of the gloom which brooded over my deliberations, and my cigarette burnt itself out in a curl of blue-grey smoke on the mantelpiece.

I heard a sort of rustle, and looked up to find old Mr. Thingumbob (I never can remember his name, my landlady's other lodger) in the room. "Pardon me," he said, in that fat, husky voice of his, "I knocked; but as you didn't answer, I came in. I have come to the end of my tobacco; could you oblige me with some?"

He's an odd old gentleman, is the other lodger—a great scientist and metaphysician, I believe—and he occasionally makes raids on me in this manner. He has some *very* special cigarettes, with a box of which he always presents me at Christmas, so I am kind to him, and always nod to him when we meet. "You don't look well," he remarked, as I got him down my tobacco jar from its shelf, "what's the matter?" "A bit run down," I answered, "and I've got an infernal earache." "Earache? Ah! have it myself sometimes, and invariably cure it," he said; "would you like to try my remedy?" To do so might please him, and probably would not harm me, so I said I would, wondering whether it would be whiskey or vinegar and pepper. He went out and presently returned with some cotton wool and a small bottle, the contents of which he proceeded to apply in the usual way. "Take it out presently," he said, "it's rather strong stuff," and with that he retired,

bearing off his tobacco in one red, podgy hand, and his medicaments in the other.

I don't quite know how long after it can have been, but I do know I was rather startled when I heard the door creaking, and saw his head looking round it. "Perhaps I ought to have told you that my stuff has another remarkable property, the cause of which I have not been able to determine satisfactorily. Besides allaying pain, it has a peculiar excitant effect on the higher cerebral—but there, I won't bother you with theories; what I mean is you may hear people say—well, seem to say—well, more than they *do* say. This, at least, I have observed on myself. Perhaps you will find it different. Anyhow it will stop your earache." And with that his round face and sandy whiskers vanished, and the door was shut.

What *did* he mean? He was quite right on one point, my earache had gone, and I removed the cotton wool. I felt better too, so I rang the bell for some coffee, and settled that I *would* go to the Rostrum's dance; Milly would be there!

My landlord (or rather my landlady's husband, for that I believe is his official status) came in, wearing his usual imperturbable expression, born presumably of prolonged præ-marital butlerhood. I asked for some coffee. "Yes, sir," imperturbably; "But you needn't 'ave rung the bell as if the 'ouse was on fire!" I started, really alarmed. Had he gone off his head—or had I? It was undoubtedly his voice, and yet—No, it was nearer to me; it was thin, indistinct; it was in my own head. I glanced nervously at him—still imperturbable. He went out, still imperturbable.

Of course I had imagined it, but it was curiously vivid. I got my coat, and an old hat I keep for dances, and put my gloves in my pocket. In a few minutes he brought my coffee. "And *now* I s'pose I shall 'ave to whistle for a 'ansom till I'me 'oarse." Again! I jumped up and stared at him; "Really"—I began, but stopped short. Imperturbability personified—distilled essence of all the sphynxes!

Then all at once old Whats-his-name's words recurred to my mind. "Call me a hansom, please," I remarked, and sank back into my chair to think. Not that I *could* think, it was all too extraordinary, but I realized at last that this strange, dim, unreal voice represented the man's unspoken thoughts! I remembered now that I *had* given rather a hard tug at the bell. . . . .

By the time the hansom came I had quite made up my mind to go through with the adventure, and face this new world, till now but guessed at—the world of other people's thought. 'Twould be a novel experience, and perhaps there might be "copy" in it.

I don't know the Rostrums very well, though I always go to their dances. In fact, I don't think my personal intercourse with the family would sum up to a total of more than an hour. Old Rostrum is a stipendiary magistrate, or something of the sort; he has the bland, judicial off duty manner. One always meets friends at his house, and the supper is generally excellent.

Thinking on many things—that is principally about one thing, Milly—I made my way to the temporary cloak room, which was excavated, as it were, under the staircase, and handed the man my hat. "'Ope Brothers," remarked a voice, "I wouldn't git *my* 'ats there." I looked sharply at the man, but he had evidently said nothing. Bother! I must really get accustomed to this. Mrs. Rostrum was receiving her guests on the inevitable six foot square landing and remarked as she shook hands, "Who *is* this man? Perhaps he's some one come to the wrong dance," adding, "I was afraid you weren't coming." I smiled, one hasn't time to answer these remarks neatly; besides I was not quite accustomed to it yet.

In the drawing-room I met young Snobbington, who proceeded to tell me the last society gossip, in the easy, "of course you know" style, of which he is a master. Unfortunately, he took off from the effect this time by thinking, "Of course he *doesn't*. Don't imagine he knows people much." However, I was becoming used to these shadow voices, and managed to look (I flatter myself) as if I hadn't heard what he said—I mean *thought*. Milly was there; so was *Mrs.* Acting on the advice of the ever-lamented Corney Grain, I sat down and chatted with "the mamma." And a nice little chat it was too, though I found it somewhat difficult at times to keep strictly to the topic of conversation. She *would* keep thinking that perhaps after all Milly really liked me, and speculating as to the terms of my late father's will. I felt I couldn't quite tell her at the moment that he had died intestate, for we were talking of the new P.R.A. and the prospects of skating, so that it would have been difficult to introduce the point *apropos*.

It was all good practice for me, however, and presently I started round to find Milly. Wandering aimlessly in the conservatory I found old Rostrum. "Ah, how d'ye do," he remarked cordially, in response to my greeting (for I know the old boy by sight). "Wonder who he is? Hope he's not ——. Anyhow! the supper is done by the Stores, and there's none of *my* plate about." That's the worst of being a magistrate; it's apt to make some men suspicious. I didn't attempt though to justify my presence further than by asking him how he liked the mild weather, and if he had given up hunting. I've forgotten what he said, but he *thought* one of my coat pockets looked rather bulgey. I had left my cigar-case there, and on the spur of the moment nearly took it out to show him.

At last I found Milly—charming and ethereal as ever. I felt sure that I really was this time, "drew into a corner reg'lar." *Undoubtedly* I was in love with the girl. We danced, sat out, and I took her down to supper, "much in the usual way." But somehow, I could not talk well that evening; I had several little sayings; rather clever for use I thought them, but they had vanished. It is impossible to talk to two people at once; or rather to listen to one person and talk to another.

Milly's conversation was more delightful than ever, but she was constantly comparing me with one, "Fred," at whose identity I could only guess. This habit really became rather annoying; "he smokes cigars," she remarked, as I sat down next her in the conservatory, perhaps a little closer than the length of the sofa rendered absolutely necessary. "Fred doesn't, at least I don't *think* so." Involuntarily, as it were, I moved further off, but she looked at me, and I moved back again.

"Fred" was evidently there to-night; for she thought he danced the Washington Post better than I did, which is very likely, for I was listening all the while to her criticisms of the lady in front, which, though a trifle technical, were interesting. She thought I was cleverer than Fred, though she said I was not at all amusing that night, and once she *almost* thought I was nicer, and really she ought not to think of him as Fred. I noticed though, that she always *did*.

I felt at last that the situation was too trying; the intricacies of her deductions were becoming confusing, and, after all, comparisons (other people's, I mean), are hardly ever pleasant. So, as I said before, I took her down to supper. But here it was, if anything, worse; some girls really carry idealism to absurd lengths, and, after all, chicken and champagne are a fairly ethereal form of refreshment. But she thought (I heard it most distinctly) that it was rather horrid the way some men eat and drink so much. "Fred doesn't care for supper," she reflected, "but then——" "But then Fred has been dining out, of course," I interrupted—*almost*. What would have happened had I said it, I dared not imagine, I saved myself only *just* in time by altering it to, "Cycling is going out," which was idiotic but harmless. One of the waiters told me my tie was up at the back. Luckily I was holding a glass at the time, or I should inevitably have put my hand up to feel. Upstairs again we went, and as we passed the door of what, I believe, is in private life Mrs. Rostrum's boudoir, but which on these occasions functions publicly as a sitting-out place, a remarkable thing happened. I distinctly heard, from inside the room, a voice (a laughing, pretty voice) say, "Oh, *Fred*, don't." It was not thought, it was spoken, I am sure of that; and what is more *Milly heard it too*. She said nothing, and her mental comment was too rapid and emphatic for me to catch distinctly, but its general tenour was unmistakable. I felt now was the time to act. Though her way of regarding me was not all I could have wished, yet I was still desperately in love with her, so we set out another dance together.

I don't really know what either of us said: my mind was confused by the unspoken commentary which she made on the situation. Vague thoughts as to parental wishes, the possible part played by the supper in the situation, and most uncharitable views of "Fred," coursed through her mind and buzzed in my ears. I think the effect of the drug was wearing off, for I ceased to hear her thoughts as distinctly as formerly. Anyhow, when some insignificant stranger (I believe he was a fellow of Balliol and a rising politician) claimed her for a dance, she had verbally, if not mentally, accepted me. I didn't stay any longer. I felt that I should commit myself irretrievably by answering "mamma's" unasked queries with regard to my personal character and pass book, or by attempting an elaborate proof of my identity to Mrs. Rostrum.

The man under the stairs murmured "I remember, 'Ope Brothers," but I hardly heeded him. The cabby, when I paid him, had an incoherent suspicion that I was a "gone un," but the action of the drug had undoubtedly become less potent, and his last thoughts were lost in a mere buzzing noise in my head.

I sank into a chair; and then the whole horrid truth dawned on me: Milly had accepted me out of pique; her mother would approve of me for merely financial reasons—and I ought not to know it; I was in a false position; I had more knowledge than I wanted, and had plunged into action when I should have remained passive; I could neither forget nor undo!

My landlady found me the next morning asleep in my chair. What she thought I don't know, as the voice no longer sounded in my head; and I don't care, for my own thoughts were sufficiently preoccupying.

Pax et Voluntas Bona.

Night's restless phantoms creep
Down the dark ways of sleep;
Slow melt the laggart hours, one in another.
Forgetful, unforgot,
The peace that knows us not
Light gently on your brow, more fortunate brother.

Again and yet again
The grinding mills of pain
Throb, and life's fitful pulse is parched with fever.
May all the sufferer's moan,
Now ours, be ours alone,
And spare your door for ever and for ever.

To-night, through dreamland air
The Christmas Angel fair
Sheer from the watch towers of the Spiritual City
Falls like a star, and brings
Men healing on his wings:—
Grant us, to-night, a moment of your pity.

And we—ere earthly skies
Fade to o'erweary eyes,
And comes the long night wherein none may labour—
One Christmas wish we send,
Heart-felt, as friend to friend:
Peace and goodwill from Guy's, your and the Angel's neighbour.

ANON.

Guy's Hospital, Christmas Eve, 1896.

Guy's Hospital Nurses' Cycling Club.

This Club, of which the rules are given below, is now fairly started, and perhaps those who are interested in new ventures in connection with the hospital will like to have some additional information about this one, the first of its kind, it is believed, in London. Owing to the situation of the hospital, cycling for the nurses was impracticable, unless they could easily be enabled to make their start from some place beyond the dangerously crowded traffic. With this object a suitable cottage has been secured at Lewisham, containing ample storing room for bicycles, as well as a large tea-room and dressing-rooms for members. Certain other rooms are given up to the caretakers, who consist of a policeman and his wife, and the latter provides tea to members at a fixed tariff. The South Eastern Railway Company have very kindly given the Club the privilege of cheap tickets to Lewisham Junction, the reduced fare being 4d. third return, and the club-house may be reached in less than half an hour from the hospital. From there it is but a mile to the open country, and charming rides may be made, the Bromley and Beckenham districts being quite accessible, even when a couple of hours only are available. For longer excursions there are excellent roads, combined with pretty scenery, in Kent, Surrey and Sussex, which are quite within the capacity of even moderate riders. For beginners there are many quiet roads in the immediate vicinity of the club-house, among which Lewisham Park may be mentioned as being particularly secluded and free from traffic. The Club may be congratulated on possessing five good machines for the use of members, which have been subscribed for by friends, among whom must be mentioned Mr. Cosmo Bonsor, who most generously gave the Club £50 for this purpose. These bicycles can be engaged by members in the Assistant Matron's office at the hospital, and the nominal charge of one penny for two hours is made on booking. For the benefit of those who do not already ride it may be stated that lessons on very advantageous terms are given to members of the Club at the cycling school known as St. Peter's Institute, of which further particulars may be obtained from the secretary.

The first year of any undertaking is always rather an anxious one, particularly for those who have control of the finances. In the present case the liabilities are unavoidably somewhat heavy, entailing as they do the rental and sundry expenses of a house, and therefore it is hoped that those for whom the Club was instituted will show their appreciation of the effort by giving it their hearty support. Nurses will find that immense pleasure and benefit are to be derived from this most fascinating form of exercise, which is peculiarly adapted to those whose work entails much standing, thereby making them too tired often to enjoy the delights of a walk. Other ladies who are interested in the welfare of the Club may practically show their sympathy by becoming honorary members. To such is granted the privilege of keeping their machines at the club-house, and they will doubtless both give and derive much pleasure by occasionally joining in the club runs which will from time to time be arranged.

Rules.

1. This club shall be called the "Guy's Hospital Nurses' Cycling Club."

2. *Members.*—Any of the nursing staff of Guy's Hospital shall be entitled to membership on payment of the annual subscription. *Honorary members.*—Any former member of the nursing staff, or any lady connected with the hospital, may be elected an honorary member by the committee.

3. The annual subscription shall be as follows:—nurses and probationers, half-a-guinea; sisters, lady pupils, and honorary members, a guinea. The subscription may be paid in two equal instalments, of which the second shall be paid within three months of the first.

4. The annual subscription of members joining the club between February and July inclusive, shall become due on the first day of April, and those of members joining between August and January inclusive, shall become due on the first day of October.

5. The management of the club shall be vested in a committee consisting of a president, treasurer, secretary, and five other members, one of whom may be an honorary member, all to be elected at the annual general meeting of members and honorary members to be held in October.

6. The committee shall be empowered to administer the funds of the club, to have control of the club cottage and of the property of the club, and to make any bye-laws that may be found necessary.

7. The treasurer shall prepare an annual balance-sheet of the accounts of the club up to August 31st in each year, which shall be audited by two members of the club who are not on the committee, and presented at the annual general meeting.

8. The committee shall meet once a quarter, and at such other times as the secretary or any two members of the committee may think necessary. Of quarterly meetings the secretary shall give not less than three days' notice, and of extraordinary meetings not less than forty-eight hours' notice, specifying in each case the business to be transacted. Three members to form a quorum.

9. Any member whose subscription is more than two months in arrear shall cease to be a member, and shall not be re-admitted without the consent of the committee, who shall, if they think fit, impose a fine upon re-admission.

10. None of these rules shall be altered or added to except at a general meeting of the club, of which at least a week's notice shall be given, specifying the proposed alteration or addition.

List of Members.

President: Mrs. Hale White. Treasurer: Miss Nott-Bower. Secretary: Sister Minnie.

Committee: Mrs. Shaw (Hon. Member), Nurse Wiltshire, Sister Cornelius, Miss Alexander, Probationer Rowell.

Members: Miss Alexander, Mrs. Cosmo Bonsor, Miss Cosmo Bonsor, Nurse Bones, Sister Bright, Miss Bullows, Probationer Cheetham, Nurse Clark, Sister Cornelius, Nurse Douglas, Nurse Fox, Nurse Frazer, Probationer Friend, Probationer Grice, Probationer Hockley, Sister Job, Nurse Lawley, Sister Minnie, Probationer Mann, Sister Mary, Miss McKecknie, Miss McLeod, Miss Nott-Bower, Miss E. Nott-Bower, Sister Philip, Mrs. Perry, Miss Pollard, Probationer Pullin, Miss Roffey, Probationer Rowell, Mrs. Shaw, Miss Simpson, Nurse Sadler, Nurse Skerman, Nurse Tillott, Probationer Tippetts, Miss Thomas, Nurse Wiltshire, Mrs. Wilson.

Guy's Hospital Debating Society.

(From a Correspondent).

On Saturday evening, December 5th, a debate took place in the Smoking-room. As no Vice-presidents were able to be present, Mr. W. C. C. Pakes was elected to the chair. About thirty-five members were present during the evening.

Mr. J. A. Reaside, proposed that "A close alliance of all English-speaking nations is urgently demanded by the circumstances of the day." He said that the European nations of the day were all arming to the teeth; they all hated Great Britain, and this hatred may break out at any time. England in recent times has been unable to assert herself against combinations of powers; even in a righteous cause this was not so in the past. Unfortunately the colonies are not willing, except in the case of Australia, who has made some effort in this direction, to acknowledge their debt to Great Britain by contributing to the cost of defence. The commercial supremacy of England is threatened, we have a system of free imports of which others have taken advantage, but for which they have given us nothing in return. What would be preferable to this system is a free trade within the British Empire, the colonies being put before foreigners, so directing our capital to British enterprise. In the past everything was left to individual effort, but what is now needed is scientific, well-planned and well-directed effort, and close combination between the various parts of the empire if we wish to hold our commercial supremacy. The present state of affairs was wholly due to the fatal habit of compromise and lack of leadership. With regard to the United States of America, even when our interests and theirs were most at variance, mutual feelings were not so bitter as when another foreign power had a difference with us. The United States had many difficult problems to solve in the near future, for instance, the question of the black population and the democratic question. When these become crucial they would have need to fall back on some country where law abiding and love of justice is natural, and so will have need of England. Again, had England and her colonies combined and agreed to have nothing from the States, Canada supplying corn, the McKinley tariff would have been completely overthrown. Finally, there is need of the formation of an honest disinterested power, by which peace and justice may be enforced under all circumstances. The English-speaking nations possess the love of law and justice, and if they could be induced to act in unison, no likely combination of powers could upset the peace of the world for unrighteous ends.

Mr. F. E. Fremantle, in opposing the motion, said, that the term alliance could hardly be applied to the federation of our Colonies, which was, without doubt, theoretically advisable. The motion, therefore, resolved itself into the question of advisability of an alliance between the British Empire and the United States. There certainly was need of an honest nation which should exercise a paramount influence, but America was not such. Politics in the States was a profession, and its moving power was money, and for this reason an alliance was undesirable. If any union took place, its objects would have to be propounded to the Continental powers, who would most certainly object to an alliance formed with the idea of being a paramount power in European politics, and so war would be precipitated. The idea that we were the only honest nation was a piece of priggishness. With regard to the Canadian frontier, there was need of some sort of agreement, as the difference of tariffs was a great difficulty; but there was not much doubt that in course of time Canada and the States must be merged commercially into one. Again, arbitration had been agreed to with America, but this nation had not fulfilled its part of the compact. At the present time there certainly was a great desire for imperial federation, because the parties concerned found they had a community of interests, but an alliance of *all* English-speaking nationswas neither feasible nor desirable

Mr. C. T. Anderson said he was sure we were all agreed the British nation was a great one, but this was no reason for following out a policy of *laisser faire*. He believed we were an honest nation, and there was a great need at present for a paramount power which could hold a power of veto, as it were. With such we should have no situation, such as that in connection with Armenia. With regard to the difficulty of keeping the United States and Canada apart, this simply showed the necessity of an alliance between the remaining English-speaking nations before the States and Canada could make one, for he thought the present condition of the British Empire not worthy of the name of a union.

Mr. J. A. Glover said that when two nations are each leading an independent existence there is no need for an alliance between them. America cannot get on without English money, nor England without American corn, thus far we have need of each other, but we have seen recently with regard to the Venezuelan question that if we interfere with the interests of the States they are ready to go to war at once. From this it is clear it is impossible to have a closer alliance than the present condition of affairs, for if there were one and we got into trouble they would throw it off immediately. At

present there is an elastic union between us and we do not want to make a more brittle one.

Mr. A. W. Ormord said that as Mr. Reaside had not exactly defined alliance, we might take it to mean a better understanding between the two nations. The events of the last twelve months had brought home to Britain how much she was disliked, and this was the cause that had made us consider the advisability of an alliance lately. The United States were similarly situated to ourselves in being able to remain unallied to any of the nations of the Continent, and he thought the recent Venezuelan question was only to be looked on as an electioneering fiasco, although it had brought about an arbitration treaty. An alliance to stop all wars would be an advantage to all mankind.

Mr. P. C. Higgens said he was surprised to hear anyone say that the Venezuelan question was simply an electioneering bruit. The Munroe doctrine was now admitted to be international law, and all the original points had been conceded by Great Britain. The patronising way in which England had treated the States had proved very annoying to the latter. A recent instance of this was the Bayard testimonial. If the Manchester policy had been thoroughly followed out, England would not be in its present ludicrous position.

Mr. J. F. Robinson said that he thought there was great need for an alliance between Britain and the Colonies, but he failed to see that a union with America was needed or desirable.

Mr. R. Howard said that he doubted if we English were as honest as we might wish to be thought, although we persuaded ourselves we were, but our conscience was very elastic towards ourselves. The real difference between us and other nations was that we had generally been intelligently dishonest. In his opinion, federation with the Colonies was desirable, but he thought that so long as the Powers feared war as they do the peace of Europe was assured, and an alliance on our part with America would only precipitate war.

Mr. Hallam Hardy said he thought before long Great Britain and her Colonies would have to fight for their existence, and it would therefore be advisable to prepare to fight till we are beaten. We had fought before and were able to show what we had gained by it, and there was no reason we should not do the same again.

Mr. Rygate said he considered that an alliance of the English-speaking nations without the States would be incomplete. If the British Empire were closely knit into an "Imperial Zollverein" it might defy the world, but he thought when the Colonies had "grown up" and become matured they would not submit to be governed by Downing Street as at present.

Mr. A. J. Cleveland said that our Colonies had the first claim on us, and our attention ought to be directed to them rather than to the States. A definite union with our Colonies was certainly needed. The reason we are so hated is because we have been so successful.

Mr. S. H. Croucher expressed a desire that the proposer, on replying, should give a clear definition of alliance.

Mr. Brydone said that no nation can become great by an alliance; take for an example the Triple Alliance, by which Germany had been rendered quite impotent. He was quite in sympathy with a strong union with the Colonies. He did not agree with a previous speaker, who said that Rome failed because it worked everything from one centre; it lasted longer, and provided a stronger government than any other nation has done, and, moreover, it made no alliance until its decline. In the same way Great Britain would be unwise to make any alliance, but must rely on the qualities that had built it up.

The opposer and proposer having replied, a division was taken—

For the motion	...	...	...	21
Against	...	...	...	11
Majority for the motion			...	10

The motion was therefore carried by 10 votes.

Sketch of a Nurse's Life at Guy's.

Having been asked to write a sketch of a Nurse's life at Guy's, I think I cannot do better than describe my own experiences. I must begin with the first day—that day looked forward to for months, perhaps years—is one never to be forgotten by a nurse. We are quite new to our surroundings—people, places, everything is strange.

We come here, perhaps, with friends, and they leave us in the hands of the dormitory matron, who takes us to the cubicle or room prepared for us; then comes the unpacking, and then the getting into a uniform which makes us feel we are in a different world, and our hospital life has begun in reality. The first meal—I will describe mine. I was taken into a huge dining-room, where three formidable looking tables were laid for supper, and offered a seat at one of them, which I took in fear and trembling, feeling as if the whole of the universe were gazing at me. I dared not utter a sound until one of the nurses, perhaps remembering her first appearance and having a kindly consideration for my strangeness, spoke to me. The ice was at once broken, and I felt more comfortable.

Next morning, at what seemed to me the middle of the night, I heard a great bell ringing, which I had been told was a warning for getting up. I did so, and was taken down to breakfast by the friend I had made the previous evening, and afterwards to prayers in the hospital chapel. As soon as prayers were over, I waited with a few others, to be told by the Matron what I was to do. How awestruck I was at the mere sight of her; much more so when I found that she was speaking to me. She generally lets the new probationers do "extra" work until they become used to their surroundings and strange life, and I was sent to one of the

surgical wards, where the Sister told me to help the probationer in cleaning the "brights." Then I had to wash a dear little boy, who was most cheery and chatted away the whole time as though there were nothing the matter with him. I had to help a few of the more convalescent patients in their dressing, and to carry round their lunch of milk and bread and butter or beef tea. Then Sister gave me some needlework to do and a few other things she thought I could manage, until I went down to dinner—the patients' dinner time. So soon as dinner was over, we had all the beds to make and the ward to put tidy in about three-quarters of an hour, and by the time 1.30 o'clock came, I was feeling very tired indeed; but nurses have a custom of making a delicious cup of tea at that hour, when possible, and after I had had mine, I felt considerably better. Almost on the stroke of 1.30, the great surgeon came in with a crowd of students, and they went to each bed and either dressed the case or had a wonderful talk, while Sister stood by in solemn attendance, and I was sent every now and then in search of something or somebody wanted by the surgeon. This "going round" took till 3.30 or later; then we had the patients' tea to get ready, and afterwards beds to make again, or patients to get up and settle in comfortable chairs. At 5 o'clock I went downstairs to my own tea, and came up again to help to get patients' supper ready of milk and bread and butter. It really seemed to me that day as if there were no end to meals, bed-making, tidying or dusting.

After their supper we prepared the ward for prayers which were read this evening by the Chaplain; put those who were up to bed and made everyone comfortable for the night; tidied the ward; and at eight o'clock, if we had finished, were free to sit down for a short time before going to our own supper. At 9.30 the night nurses came on duty; we went off to prayers in the Chapel, and at ten o'clock our day was done.

I can't describe here the ways of the various wards; they certainly are all different though the routine is somewhat the same.

When I had been here six months I was put on to night duty for a short time. There is a routine through the night as well as the day, but usually the work is not such hard work as on day duty; one has to be so quiet and do everything in a weird semi-darkness quite enough to make anyone in the least degree nervous feel they are surrounded or followed by ghostly forms; but it is part of our training and we have to get accustomed to it. At 6 a.m. the patients have their breakfast, and from that time till 8 beds are made, the ward swept and dusted, and everything left quite tidy for the day-nurse before we go off duty.

When I had been here nine or ten months it happened that one of the lady pupils fell ill, and I was sent to fill her place for a few days. Their work is different to a probationer's and more responsible, as they have all the medicines to give, of course under the Sister's directions, and they also have more nursing to do; they generally have a certain number of beds under their care and do everything for their own patients. Besides this they have some theatre work, generally going with the Sister when she has an operation to attend. They have some ward work as well, and lots of stock work, *i.e.*, cutting lint, wool, etc., and making things for the surgeons and dressers' use.

I cannot go minutely into everything, not having too much time to spare, so must pass on to the time when I was given a "special case" in a private room. How anxious I felt! For now was the time when all my nursing powers were put to the test. Well, I found it easier than I had imagined, and of course I felt if anything unexpected should happen there was always the Sister to whom I could go for help. She was so kind and did not seem to mind how much and how often I worried her. I am sure a Sister's life is most puzzling, besides being such a responsible one; there seems to be always somebody with a question to ask her or a difficult matter for her to arrange, and she has so many different people to look after or to please, that she must find it very hard to know sometimes what to do for the best.

After I had finished nursing this case I had another special one given to me; this, being a "Dip. Trachy," I had to be most careful not to take the disease myself and not to spread any infection among others; for this reason I was not allowed near any other patient, and everything my little girl used had to be marked and kept apart from the general things. We do learn to love our little patients very much indeed, and when they are ready to go home—it may seem to outsiders a hard thing to say—we are very sorry to let them go.

I think I ought to mention our lectures and examinations, which we have during our first year. There are four different courses of lectures—nursing, medical, surgical and dispensing; the last named is meant principally for the head nurses and lady pupils, but three or four probationers are allowed the privilege of attending if they have done well in the three other courses. I always felt dreadfully nervous when the examination night arrived, though there was really no occasion for this as the papers we had given to us were never half so bad as we expected. The worst of all was the dispensary examination, but our lecturer was most merciful in the paper he gave us, so that even in this there was no cause for very great fear.

I must pass on now to the time when I had been eighteen or more months in the hospital; one of the head nurses, who had been here five years, left to take a more responsible post elsewhere, and someone was wanted to fill her place. The Matron sent for me that evening and told me she had chosen me for that vacancy. I can't describe my feelings of delight; I went to my ward next morning wishing more than ever to devote myself to my work and do credit to my hospital. A head nurse's post is not an easy one and she has many

a time so much to do that she hardly knows what to begin with, and it is generally at these times that the patients seem more fretful or trying.

Before closing, I must mention our Bicycle and Tennis Clubs, and the Choral Society. The Tennis Club was started two or three years ago, the ground at Honor Oak Park being lent to us, by the kindness of the students, for four mornings a week. Unfortunately, only those on night duty can use this, but we all have our turn and all get a chance of a game of tennis if we wish.

The Choral Society is in its second season, and we have a good number of members who are working hard under the excellent training of Mr. Taylor, the conductor. The Matron allows us the use of her drawing-room and piano one evening a week, and very kindly provides tea in her dining-room for all, both before and after the meeting. Mr. Taylor does not spare us in our musical work, but it is to all who are fond of music a most enjoyable break in the constant strain of ordinary work, and often when we go to the meeting dreadfully tired and worried we come back feeling much refreshed by the evening's work.

The Bicycle Club was only started this autumn and already gives promise, for the winter and coming season, of much pleasure and healthy exercise for those who spend the greater part of their lives indoors. The success of this, again, is mostly due to the energy and perseverance of our Matron, who has herself made most of the arrangements, including the actual starting of the club.

Kind friends connected with the hospital have also helped with gifts of money to rent a club-house at Lewisham, and to provide a few bicycles for the use of those who have none of their own. The club house contains two rooms used as "bicycle stables," two dressing-rooms, two more for the caretaker's use, a kitchen, and a very large room for general purposes; this one is supplied with tables and comfortable chairs, besides having a stained and polished floor and some pretty plants, with various other things placed to give a most pleasing appearance to it. We enjoy such comforts in our recreation hours perhaps more than ordinary folks on account of the constant and hard work which we have to do.

Hospital work is undoubtedly hard, but if our hearts and souls are in it we shall find it is not so difficult as we may have imagined. There is much that is most trying and monotonous, but we may be rewarded by the thought that we have done something, even if it is only a little, to help a fellow creature; and to hear a patient say, when he is leaving the hospital ward for his home, "Thank you very much for all your kindness to me since I came in; I feel quite a different man now," ought to be enough to make us go on and try more than ever to do everything we can to help those who are called upon to suffer.

ONE WHO HAS TRIED IT.

"Anthony and Cleopatra."

Written by A. A. Miller; Composed by Balfour D. Adamson and W. R. Cazenove.

This original burlesque by three new writers, two of whom are students at the hospital, while the third conducts the Disguysed Minstrels, was performed for the first time on Wednesday and Thursday, the 2nd and 3rd of the present month, in the public hall of Sutton. There was a good audience each evening and the financial result was satisfactory, as such things go, to Guy's Hospital, to which the proceeds were given. Amateur dramatic performances never bring in much, as the cost of producing a piece for a night or two only is very heavy, and the margin in this case will probably be as good as could be expected.

The play follows very closely the somewhat uncertain history which attached to romantic incidents in the first as in the nineteenth century of the present era. The first scene represents Cleopatra's court at Alexandria, and introduces to us, surrounded by her ladies, the great Queen, to whom Olympus, the comic and ugly old magician, makes love. On his departure to get a marriage license, Anthony comes in and is at once enraptured by the sight of the lovely lady of whose beauty he had long heard. The attendants being dismissed, Anthony has to explain his presence, and makes excuses for his freedom of action on the score that his wife is dead,—according to the evening paper. On their exit, enter Octavius Cæsar, Octavia his sister, and "Vergil, a poet laureate," on their way from Rome in search of Mark Anthony, who was supposed to be in love with Octavia. Anthony now appears and has to make apologies and excuses for his absence from Rome; but when Cleopatra comes in and asks of him, "Who are these, my dear?" he can no longer conceal his flirtation, and is obliged to pacify Cæsar and Octavia on the one hand and Cleopatra on the other. He finally decides to toss for a partner, and tails falling, he is obliged to transfer his attentions again to Octavia.

In the second scene we are shown the reception, after the wedding, in Mark Anthony's garden at Rome. The young couple appear and Anthony makes a good speech to the crowd; Cæsar sings a military song; Olympus gives some conjuring tricks and dancing and revels begin. Soon, however, the stage clears and Cleopatra appears incognito. The fickle Anthony returns to her embraces, and they are interrupted only by Vergil, who tumbles against them in the intention of sitting down to compose a marriage ode in honour of Anthony's wedding. Octavia and Cæsar also make the same discovery; a brawl ensues; and the matter is settled by a boxing match between Cæsar and Anthony in which Anthony is knocked out of time. Cleopatra meanwhile, as a last resource, instructs Olympus, the magician, to poison her lover.

In the third and last act, the scene is laid in a chamber of Cleopatra's Palace. The Queen remarks that Anthony

Frank Morton (Olympus)
Miss M W Fisher (Cleopatra)
J. A. Miller (Antony)
Josborn Grout (Virgil)
Miss Cork (Charmian)
"Antony & Cleopatra"
Some of the audience
Stanley Cock
-96

has not seemed to care so much for her since she poisoned his beer, and one of her ladies suggests that she should feign illness. Olympus is called in, and during his visit Anthony appears and sings a song and Vergil appears to read an ode to his "dear acid-drop." On Anthony's departure, Olympus says he will apply leeches, instead of which he introduces an asp, four feet long, which wriggles in a most life-like way and finally clings to the bosom of the Queen. Cleopatra dies; Anthony comes in, having been defeated in battle by Cæsar, and is killed by Olympus by request, and finally Cæsar appears triumphant. The tale throughout is supplemented incidentally by the unreturned love of Charmian, one of Cleopatra's attendants, for Olympus, which impedes him considerably whenever he seeks access to the great Queen.

The plot is, of course, of less importance than the details, as the plot of a burlesque should be; but there is plenty of incident to keep interest alive to the end. The book is really very well written, the parts being most evenly divided between the three or four principal male characters and two or three ladies. The duet between Olympus and Anthony, "The point of view," seemed to us rather weak, but it was so well sung as to gain an encore on the second night. We could not always hear the words well, but in so far as we were able to do so we found them amusing and often very clever. The rhyming, for instance, of "Follow me" to "Ptolemy" is ingenious, and the topical allusions to the fashions and fancies of the day were admirably expressed. A slight fault running through the whole play was the result only of a want of experience,—the sentences were made too frequently coterminous with the lines, so that even where the actors did not fall into the error, common to amateurs, of over-emphasizing the metre, the rhyme was too marked, and the general effect was too much that of a jingle. But these are slight faults in an excellent piece of work, the best part of which was perhaps Olympus' song in the second act—"The Misjudgment of Paris,"—a song which for words, music, and singing, could hardly be beaten by any of its class.

The musical setting was somewhat variable, but was on the whole a very creditable bit of work. The overture was exceptionally well worked out, and in the opening chorus the strings and voices were made to answer one another with very good effect. The entr'acte we should also like to hear again, the effect of the air given out by the wood-wind to a string accompaniment, being particularly pleasing. Cazenove's music was largely in three-time, which is always popular; but by the time the third valse tune was reached, although a taking tune in itself, we were a little tired of valses. His opening chorus in the second act has a good air, while the military song went of course with a good swing, although it was set a little too low for Mr. Jackson's voice, and we thought it went perilously near an imitation of "Brown of Colorado." We shall expect to see some good work turned out in the future by these two young composers.

The acting was, on the whole, very well done; but the virtues of the rest of the company were somewhat thrown in the shade by the brilliant performance of the two very old-stagers, Messrs. Frank Morton, jun. and Osborn Grout. Their respective parts as Olympus and Vergil were in themselves sufficiently humorous, but by their clever buffoonery and their excellent by-play they so enhanced the value of their parts as to keep the audience continually and inordinately amused. Olympus danced very well early in the first act, and the weird cloak of black velvet lined with scarlet, made a most effective background to his capers. Vergil's make-up was a perfect creation. Both had good songs to sing and sang them well. The author of the piece, as Anthony, danced very neatly, although from half way down the hall his feet were invisible, and the clumsiness of his dress detracted from the performance. His words, however, were not very distinct, and he spoke too fast to convey more than a vague impression of his meaning to any but those close by. The nose was painfully obvious. Mr. Spencer Jackson, as Cæsar, played a rather uninteresting part with dignity; Mr. Shepherd danced well, especially on his left foot; and the other gentlemen with a profusion of rouge, filled the stage effectively.

The four ladies who took prominent parts were all deserving of praise. Miss M. W. Fisher hardly gave the full impression of reserved power which should attach to the part of Cleopatra; but she acted with confidence, sang the "Cigarette" song prettily, and was rewarded with a bouquet. We wished very much we could have presented a bouquet also to Miss Lilian Hyslop, who, as Octavia, played her part charmingly, articulated well, and in her manner in the "Fairy Night" song, reminded us of Miss Marie Tempest. Charmian (Miss Alice Cook) played an unpleasant part with considerable power, and deserved more applause than she received; and Miss Chessher as Iras was always graceful. One of the best things of the evening was the delightfully free and graceful long skirt dance by Miss Mary Fisher and Miss Mary Hyslop, whose performance could hardly have been better devised or more admirably executed. We only regretted that the effect of Anthony's dancing was spoilt, as we have already said, by the clumsiness of his attire, as judged from this point of view; and the conclusion of the Pas de Trois gave the effect of a romp instead of a dance. Miss Madge Miller danced twice, but was terribly handicapped by the shortcomings of the orchestra. As far as we could see she lacked slightly in freedom of movement, but with a little more experience should soon become a good performer. The chorus were well marshalled and sang moderately well, but their words were absolutely indistinguishable.

The orchestra played the overture excellently, and we were accordingly very much disappointed when they came to grief in the accompaniment of several of the songs and dances. It is the fault of all amateur and temporary orchestras, that they look at the stage instead of the conductor's stick; this does not much matter for a set piece where the time is fairly fixed and regular, but in an accompaniment it results in hopeless failure. The scenery and effects were executed for the occasion by

Leolyn Hart, and in the last act were particularly good, the oriental buildings and lurid sky outside being most realistically represented as seen through an archway in the palace over the rail of a painted curtain. We append a pageful of illustrations by the ready hand of Mr. Stanley Cock.

We have given a detailed account of this play because it represents undoubted genius and originality on the part of two Guy's men, of whom we have no doubt that more will be heard in the theatrical as well as in the medical profession. Seeing that the whole entertainment, from the writing of the play to its performance, represented with but few exceptions purely new and inexperienced talent, we are of opinion that that talent is of no mean order and that the performance was deserving of the highest praise.

The Services.

(From our Special Correspondent).

[The first eight following paragraphs were unavoidably left over from the last issue through want of space.—Ed.]

ARMY MEDICAL STAFF.

The following points have been definitely settled with reference to the recent agitation in the A.M.S.

1. The tour of foreign service in India is to be five years instead of six.
2. The pay of the junior officers in India is to be increased.

Other points are still under consideration, viz., attaching officers to regiments for certain periods, the question of a corps for officers of A.M.S. and warrant officers, non-commissioned officers and men of the Medical Staff Corps, and the rank question. We sincerely hope these will be conceded, too, and that the service will get the very best men only.

The following extract from the *Dockyards' Gazette* relates to one who was much beloved in the service by all ranks, and whose early career was passed at Guy's Hospital. It is very seldom that a woman is buried with military honours, there being few cases on record. We offer our sincerest sympathies to her relatives in their sad loss.

Military Honours to a Nurse.

"Writing on the 7th instant, Dalziel's correspondent at Gibraltar says: Full military funeral honours were accorded to Sister Meheux, of the Station (Military) Hospital, on Friday. The deceased lady was beloved by all ranks, and many a soldier in Gibraltar and elsewhere must remember with gratitude her untiring devotion to them during sickness. Her death is peculiarly sad and pathetic. She became infected with pneumonia while nursing a private of the Dorset Regiment (recently arrived from England), who died from the disease on October 23rd. The deceased, who was deeply interested in the lad, spent many hours in close attendance on him, and was taken ill two days after his death. The funeral cortège included a firing party of 50 soldiers of the 1st South Wales Borderers, all the regimental bands in garrison, as also detachments from all the corps. The coffin, covered with the Union Jack, on a gun-carriage, was drawn by four mules, whilst Surgeon-Col. Catherwood, P.M.O., and other military doctors, acted as pall-bearers. Officers of all departments were present. Floral tributes of love and esteem covered the coffin and filled two coaches in the procession. All the shops were closed. Father Cellins, Roman Catholic chaplain to the Forces, performed the funeral rites, which concluded with three volleys fired over the grave."

Approaching vacancy at Netley Hospital.

Brigade-Surgeon-Lieutenant-Colonel E. J. Fairland, A.M.S., Assistant Professor of Clinical and Military Medicine, will be moved from Netley on promotion to Surgeon-Colonel's grade, probably early in December.

Surgeon-Lieutenant-Colonel W. P. Bridges retired on retired pay, October 21st. His commissions are dated as follows:—Assistant-Surgeon, September 30th, 1871; Surgeon, March 1st, 1873; Surgeon-Major, September 30th, 1873; and Surgeon-Lieutenant-Colonel, September 30th, 1891. He has no war record in the Army Lists.

Changes of Station in October last.

Surgeon-Major J. T. Carey, to Jersey.

Surgeon-Captain J. W. F. Long, from Chatham to Straits Settlement.

1st West India Regiment.

Lieutenant F. B. Morley, an old Guy's man, has been appointed Garrison Adjutant at Jamaica.

Surgeon-Colonel H. S. Muir, M.D., is promoted to be Surgeon-Major-General, *vice* C. H. Giraud, retired, November 30th, Surgeon-Major-General Muir entered the service as Assistant-Surgeon, March 31st, 1864; became Surgeon, March 1st, 1873; Surgeon-Major, April 28th, 1876; Brigade-Surgeon, November 1st, 1888, and Surgeon-Colonel, December 23rd, 1893. He was engaged in the Afghan war in 1878–80, and was at the engagement at Shahjui, receiving the medal for the campaign. It is stated Surgeon-Major-General Muir will proceed from Secunderabad to Egypt.

In the December number of *Blackwood's Magazine* is a most interesting article on the Army Medical Staff, which most ably sums up the grievances complained of by the officers of the A.M.S. It is well worth reading by those interested in this branch of the service. I hope to place a copy in the library shortly.

It is stated that a well-known coach has forty men reading for the Indian Medical Service, and one for the Army Medical Staff.

Extract from the *United Service Gazette* of December 5th, 1896,

"The Parliamentary Bills Committee of the British Medical Association, seeing the grave condition of the Army Medical Staff, are, it is currently reported, framing a case for the consideration of the Secretary of State for War. It is in the interests of the whole Army, that this very undesirable state of affairs should be, once for all, rapidly terminated, and it is to Lord Lansdowne the army must look for the accomplishment of this result."

THE NEW PRINCIPAL MEDICAL OFFICER AT NETLEY.

Surgeon-Major-General Marsh, A.M.S., lately P.M.O. in Egypt, has been selected for the above post. Although not a Guy's man, it will no doubt be of interest to any man hoping to go to Netley next session, to know who the new chief there is. He is a most charming man, very kind to all those he comes in contact with, and much liked by everyone who has the good fortune to know him.

THE NEW WARRANT.

It is stated that this will not appear before the next examination. There are very many matters of vital importance yet to be considered which cannot be hurried over.

INDIAN MEDICAL SERVICE.

The services of Surgeon-Captain E. C. Hare are placed permanently at the disposal of the Chief Commissioner of Assam.

Re-Endowment Fund.

In spite of the fact that Guy's has not issued any special Christmas appeal, we have faith that in the general spirit of goodwill we shall not be forgotten this Christmas time. It was on Christmas morning of 1895 that the notice of the late Mr. Incleden's munificent bequest of £35,000 reached the Hospital. That our letter-bag next Friday morning may contain a similar bounteous gift is just one of those things which it is permissible to hope for, but which it would be perhaps unduly optimistic to expect.

Visitors to the wards will shortly be gratified at the sight of two new brass plates, one over a bed in Accident ward and one on a cot in the Medical building. These plates will bear an inscription that the bed and cot respectively are supported by the officers and servants of Guy's Hospital. We think that even those Guy's men, past and present, who have done so much for the cause during the past twelve months, will agree in thinking that this is an unique testimony to the worth of the hospital, and of the regard in which it is held by every individual whose privilege it has been to work in any capacity within its walls. It ought to be clearly understood that the movement was an entirely spontaneous one on the part of the officers and servants, and the result—about £80 per annum in subscriptions—is perhaps the best example we can call to mind of what may be accomplished by loyal co-operation.

DISGUYSED MINSTRELS.

Preparations of all kinds are now in full swing. The only thing wanting to ensure perfect success for the entertainments is that every hall should be filled to its utmost capacity. Towards bringing about this result, our readers can materially help. The list of fixtures, as finally revised, is as follows:—

January 1st	...	Peckham Public Hall.
„ 7th	...	Woodford Lecture Hall.
„ 9th	...	Beckenham Public Hall.
„ 11th	...	St. George's Hall, Langham Place.
„ 14th	...	Theatre Royal, Richmond.
„ 25th	...	Brixton Hall.
February	...	Crystal Palace Theatre.

It will be observed that the Brixton date has been postponed from the 4th until the 25th January. This was found necessary for several reasons, and will give a better opportunity of filling the large and handsome hall. In this case, Mr. R. Orford Jones, of Guy's Hospital and 179, Brixton Road, S.W., is kindly acting as local secretary, and will be happy to receive any support.

Seats for St. George's Hall can now be booked, and a plan is on view in the office of the Secretary to the Treasurer. The secretary of the Minstrels would be grateful if as many as possible of those ladies and gentlemen who intend to be present at this particular entertainment will kindly send for tickets without delay.

Pass List.

University of London, October, 1896.

M.B. EXAMINATION.

EXAMINATION FOR HONOURS.

MEDICINE.—Second Class.—N. H. Pike. Third Class.—A. H. Spicer.

OBSTETRIC MEDICINE.—Second Class.—A. H. Spicer. Third Class.—N. H. Pike.

FORENSIC MEDICINE.—Second Class.—E. Ivens Spriggs. Third Class.—A. H. Spicer.

University of Cambridge, December, 1896.

THIRD EXAMINATION FOR THE MEDICAL AND SURGICAL DEGREES.

PART I.

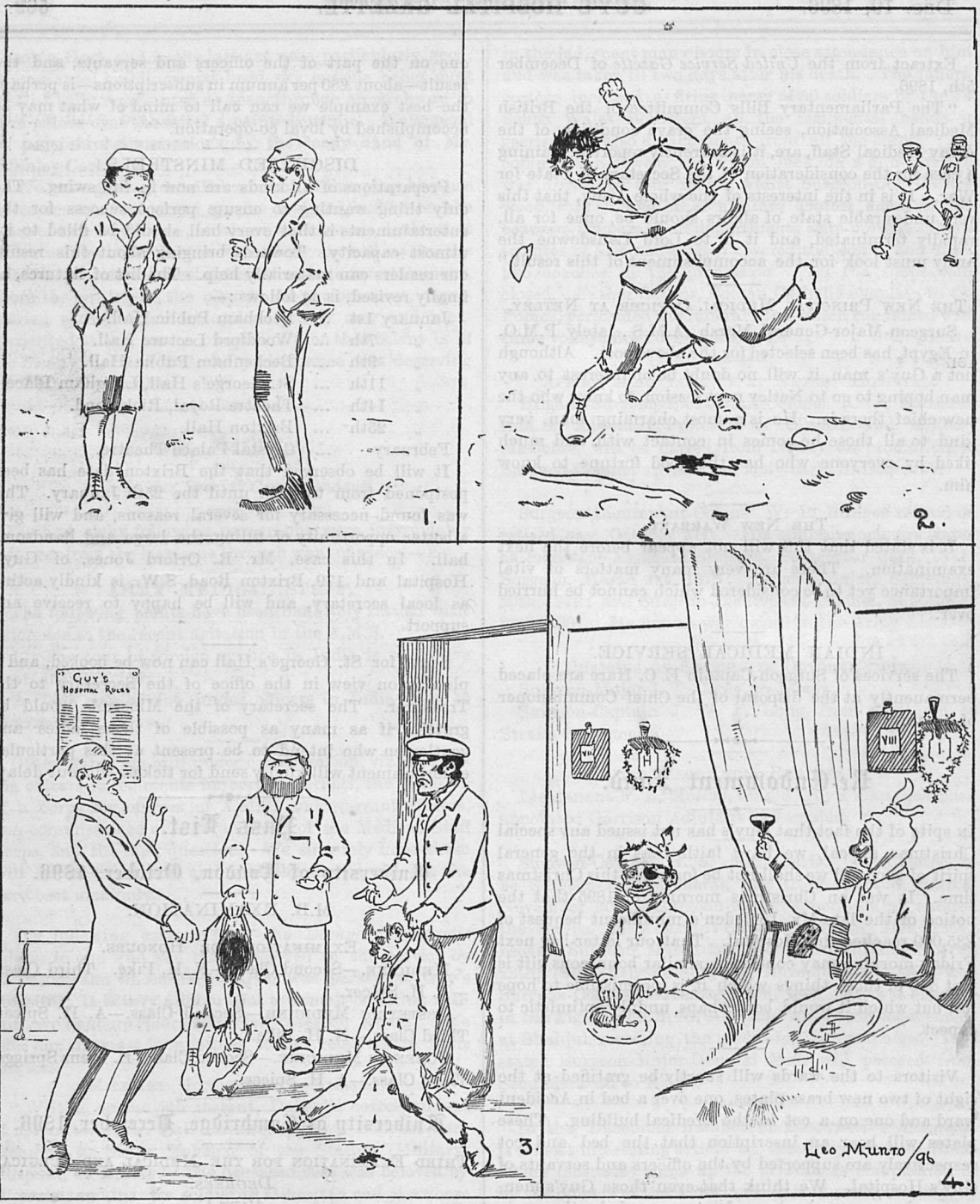
SURGERY AND MIDWIFERY—C. E. Michael, A. E. Porter, F. G. Thomas, C. A. Trouncer.

(Unofficial List).

PART II,

MEDICINE.—J. N. Gardiner, T. L. Jackson, G. B. Muriel, A. S. J. Pearse, F. G. Thomas.

How Hungry Higgins and Starving Stiggins obtained their Christmas Dinner.



1.—Hungry Higgins and Starving Stiggins were wondering how on earth they could possibly get a Christmas dinner, when it suddenly dawned upon them that the patients in the hospital were always treated to a festive spread at Yuletide, and they determined to make a hole in that dinner somehow or other.

2.—The question was—How to obtain admission to the hospital? Hungry Higgins suggested that they should fight one another until they became fit subjects for hospital treatment. Starving Stiggins hailed the idea with joy, and the battle began. Warming to their work, they proceeded to make mincemeat of each other, and were almost at the last gasp when they were separated.

3.—The peace-makers, seeing the desperate condition of the combatants, collected their scattered fragments, and conveyed them to the hospital, where they were patched up and put to bed.

4.—Christmas Day dawned, and in the rapturous enjoyment of "Disguysed" Minstrels and a glorious feast, Hungry Higgins and Starving Stiggins felt that they had not fought in vain.

Passim.

Christmas is again upon us, and for the 1897th time we re-echo the good message "Pax et voluntas bona," with the heartiest wishes of the season. May this and every succeeding Christmas-tide bring success, wealth and jollity to Guy's Hospital and its inmates, and add an additional link to the chain of memories that unites the old Guy's fraternity throughout the length and breadth of this globe.

The actual arrangement of proceedings this Christmas will differ little from that of former years. The Worshipful Company of the Disguysed will despatch a deputation round the wards from one till eight o'clock on Christmas day itself, claims of parents and consequent absence of many distinguished performers notwithstanding. Great things are expected of the President of the Residents, who will appear, it is understood, in a new light.

On Christmas Day—we say it for the information of those junior men who do not know—Hungry Higgins and Starving Stiggins, immortalised in the present issue by Mr. Leo Munro's pen, and all other patients are provided with dinners of a higher order than usual, and it is common for us to subscribe each a small sum—if we have not a great sum ready—towards a students' fund, to be spent in turkeys, plum-pudding, oranges and tobacco, smoking being allowed in the wards on this day only, besides bank-holidays. Any of the Residents will be only too glad to receive donations from a shilling upwards, and so relieve Guy's men of the uneasy feelings which must assuredly otherwise disturb their own festive meal.

Decorations will be proceeding briskly in the wards during next week, and all men interested directly or generally will, it is hoped, give their talents and energies to the decorations, regardless of cost to time, clothes or dignity. Any presents of holly and evergreens will be gratefully received by the Matron or sisters; and it goes without saying that flowers and plants of all kinds would be hailed with enthusiastic delight. Old Guy's men may be glad of an opportunity in this way of doing the hospital a good turn.

Before our next issue appears, the ward-concerts, with the exception of that in Bright ward, will be over. That they will be a complete success, that the wards will be as pretty as a fairy-garden, and that the convalescents at least will say they have never enjoyed themselves so much before—these things are but a foregone conclusion. Last year one venerable old rustic with rather striking features, beautiful silver hair and the densest, crassest and stupidest imagination that we have ever met, had the good fortune to be in Naaman ward in a condition sufficiently near to ill-health as to warrant his detention. Except where the concerts clashed, he sat stolidly through every single performance in the hospital for the space of a week, for the most part without saying a word, and at the end declared with an emphatic smack of the thigh, that life was hardly worth living after Guy's in Christmas week.

In another column we publish a list, correct up to date of going to press, of those artistes who have most generously offered their services for the concert in Philip ward on the 31st. At the same time a veritable host of friends have been invited for assistance in the other fifteen wards of the hospital, of whom it is impossible at present to give any list. Amongst others, we hear that Mrs. Hutchinson has promised to sing at the Clinical concert, on Wednesday, the 30th.

But we should wish to emphasize the fact that the concerts are given, in the first instance and above all, for the sake of the patients, in the second for the nursing-staff; in the third for the medical school; and lastly and least for such friends as may happen to be introduced to the wards for the occasion. We protest against visitors, except performers, ever being

given the front chairs, or being looked after before the patients, out of a mistaken sense of politeness. The patients will this Christmas, it is to be hoped, in every instance occupy the front rows of seats, and the rest of us with the visitors be content with such accommodation as may remain. This remark is particularly called for in the case of the concert in Philip ward on the afternoon of Thursday, New Year's Eve.

That night, should the gods be propitious, we will do honour as usual to our worthy Founder in the front quadrangle; and let no one think, as did some last year, that they will the more worthily welcome the New Year under the shadow of St. Paul's Cathedral. There they will hear no bells, not even the sounding of midnight; they will be reduced to an irreducible minimum of light, and find themselves jostled to and fro in the midst of an enormous crowd, bristling with inebriated Britishers from the remotest corners of the United Kingdom. Poof! It was a disgusting scene.

By the time that we are enjoying, or the reverse, our Christmas pudding—for the antecedent courses are somewhat exacting—it is hoped that the sun will be glistening through the top windows of Accident and the window panes of a medical ward, on two brass plates, recording that a bed in the one and a cot in the other have been endowed in perpetuity by the officers and servants of the Hospital and Medical School. Surer proof than this could not have been given of the devotion of these men to the Charity for which they work, and their remarkable liberality will serve, it is hoped, as an incentive to others such as the Disguysed Minstrels, to do likewise, and as an emphatic mark of the "Concordia in viribus unitis" to which Dr. Pye-Smith referred on a recent occasion.

The occasion in question was a dinner given with the greatest hospitality by the new Treasurer to the Governors and Staff of the Hospital and Medical School, at the Charing Cross Hotel, on Thursday, December 10th. We were forbidden to give any account of the proceedings, but we cannot refrain from mentioning an event which, as Dr. Wilks and Dr. Pye-Smith pointed out, was almost unparalleled in the history of the hospital; and from the complete accord which now exists between Governors and Staff, we look forward hopefully to a long period of success under the new reign of Mr. Cosmo Bonsor as treasurer. Mr. Bonsor, of whom we publish to-day a full account and portrait, made two or three brief and characteristically energetic speeches; the speeches in general were excellent and not too numerous, and a good entertainment was provided by a few of the Disguysed.

The larger picture presented with this issue of the Gazette is a reproduction by the Autotype Company, of Mr. Herbert J. Draper's original and striking fresco in the Nurses' Dining Hall, which should be known to all Guy's men and shown by them to all their friends in making a visit to the Hospital. The Royal Academy every year offers a prize of £40 for a "design for the decoration of a portion of a public building." This is generally a 20-inch or so water-colour. If it be of sufficient merit, a commission is granted to the successful student to carry out the same in life-size on some wall of a public building. Mr. Draper was 24 years of age when in 1888 he obtained the prize; and owing largely to the late Lord Leighton, who approved highly of the design, and always endeavoured to foster a taste for mural painting in England, the commission was for the first time given to carry out the fresco.

The artist spent seven months in making studies and designs for the full-sized fresco, and five months in its execution from a scaffolding raised against the wall. The method employed was that almost universally in use in Paris, whither Mr. Draper went to study it. A canvas surface is first incorporated into the wall by a cement of white lead, so that the result stands or falls with the wall on which it is painted. The medium used is made of paraffin-wax and spirit. This method of spirit-fresco is being used now for the panels of the Royal Exchange. In all, the work is a great ornament to the Hospital, where artistic ornament is sadly lacking; and, seeing, that the artist was a student of but a year or two's standing when he executed "Spring," we may excuse the unavoidable traces of inexperience in its conception when it is marked by such a charming spirit of freshness and naïvete.

A letter in our correspondence column draws attention to the approaching retirement of another of the Hospital's oldest and most trusted servants in "Auntie," or as she was sometimes styled, Miss Keogh. The memories of her

twenty years' service in the surgery are worthy of no small recognition, and many an old Guy's man will be glad to hear that an opportunity is now open to him to repay the debt which he has owed in return for "Auntie's" watchful consideration for his sleeping hours in take-in week. A letter to this effect is being sent out to all old Residents of the last twenty years, but others of Miss Keogh's friends are requested to take this paragraph as a direct appeal and to answer it substantially forthwith, either to C. E. Carpmael, Esq., or to the Editor of the GAZETTE. We hope shortly to publish as complete an account as we can of Miss Keogh and her experiences at Guy's.

WE were obliged to hold over from our last issue, through its late arrival, an official account of that estimable institution, the Nurses' Cycling Club, which appears in the present issue. We are glad to hear such a prosperous account of its condition, and hope that its many friends may show a practical, as well as a sentimental interest in its success until such time as the initial expenses have been met, and the club has emerged from its babyhood.

WE heartily congratulate H. W. Dudgeon on gaining his South cap last Saturday. We hear on reliable authority that he is second reserve for the International match on January 9th, so we hope before the season closes to be able to congratulate him on gaining his England cap.

Mr. H. A. MUNRO, athlete and physician, who presided over the Residents' and Christmas festivities a year back, has taken up a practice at Catford, whither the cordial wishes of all his friends will accompany him.

LECTURES will be resumed on Monday, January 4th, but there will be no lecture in physiology till Wednesday, and such lectures will be given at 11 instead of 12.15 for the remainder of the session. Junior men will have no lecture until that on anatomy on the morning of Tuesday, the 5th.

THE first list of January appointments has made its appearance too late, unfortunately, for the press. We hope to publish in our next issue a full list of the new appointments. Meanwhile, many would-be Residents walk on tip-toe, and there is much whispering in the Colonnade.

A FEW additional copies of this number may be obtained on early application to the Librarian at sixpence apiece, or, with the supplement, half-a-crown. There are a few copies still left of Miss Pott's etching of the front of the Hospital, which may be found useful at Christmas time, price 5s., artist's proof on special Japanese vellum.

THE Queen has been pleased to send a present of 100lbs. of cast linen to Guy's Hospital.—*Times*, December 11th.

OVERHEARD in the wards of another hospital, after a medical lecture by the Resident Medical Officer:—

SISTER.—Come, come, come! What is all this about? Nurse A, Nurse B, you must talk more quietly.

NURSE A.—O, please Sister, Nurse B will insist on it that the brain is made up of unstriated muscle-fibre. I'm sure its striated, isn't it?

EXTRACT from a window in a remote corner of a London slum:—Consultations, advice, and bottle of medicine, 3d. Superior medical advice, 6d.

ATTENTION is called to the full practices of the Disguysed and Orchestra on Monday, Tuesday and Wednesday evenings next, to which every one must come, unless he find it absolutely impossible; to a performance without Orchestra at the Workhouse, on Monday, the 28th; to performances in the Court Room on the two following days; and to their first appearance in public at Peckham on New Year's day.

AND now the flickering candle of the present year is burning low in its socket. The events of the past twelve months pass hurriedly before our eyes in wild confusion; Christmas and Festival, Biennial Dinner and Christmas again; Sustentation and Re-endowment incessantly passing up their plate for more; H.R.H. The Prince of Wales, Lord Aldenham, Mr. Lushington and Mr. Bonsor quadrilling on the Board of Governors; Messrs. Partridge, Every-Clayton, Beddard and Edwards succeeding each other in the Chief-Resident's chair; sports only a partial success; examinations something of a disappointment; Sisters gone and Nurses come; new blue dresses, new caps, new brooms sweeping terrifically clean. Heigho, the sky is turning grey, and 1897 is dawning. *Le Roi est mort. Vive le Roi.*

The New Treasurer.

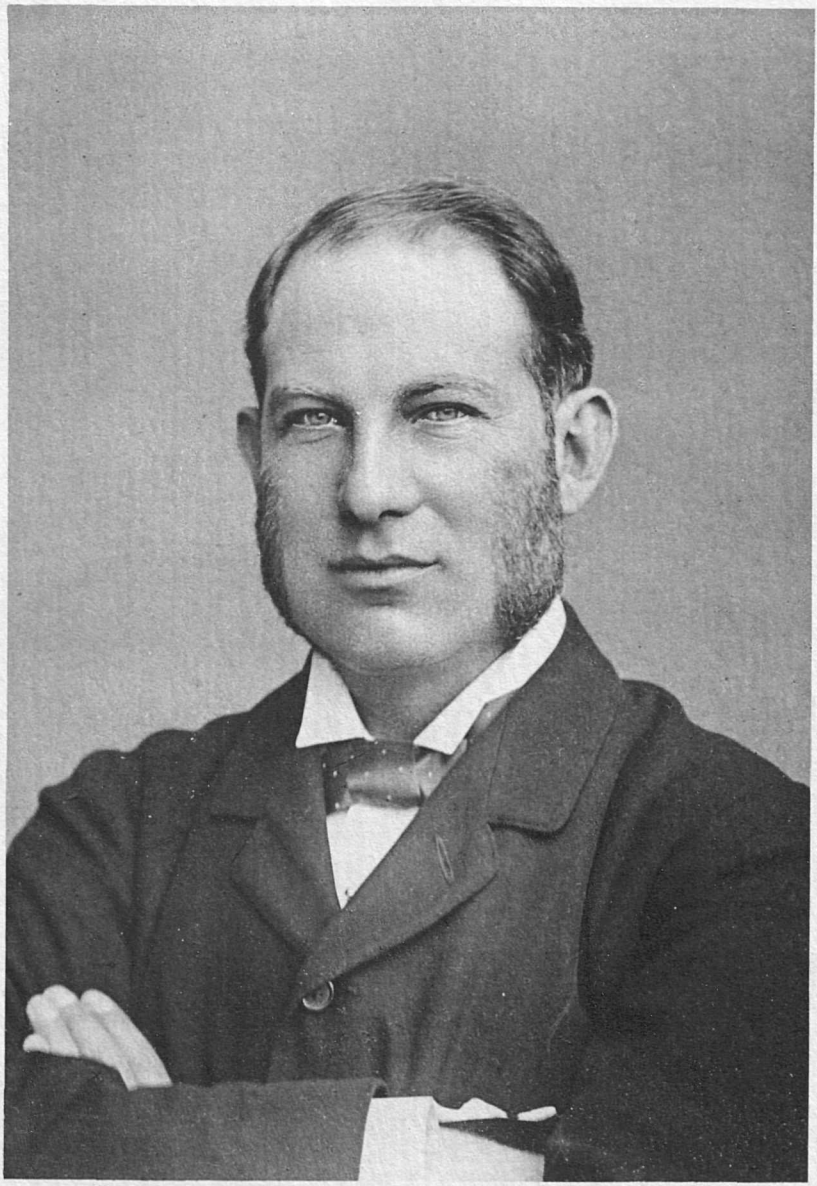
Until the year 1886 Guy's Hospital had supported its 620 beds by virtue of its own endowment. Thomas Guy had left it in a position amply able to pay for its own needs, and the increased value of its property had rendered possible also the maintenance of the great building, used for the treatment of medical cases, which was built and furnished at the cost of Mr. William Hunt. In 1886, however, the Hospital property had so far decreased in value that the Governors were at length obliged to appeal to the public for funds, and from that date Guy's lost its position among the independent charitable institutions. The decrease of income, then supposed to be but temporary, has continued and necessitated a further appeal for a sum little less than that of the original endowment. It has become necessary, therefore, to give the public in return a share in the government of the Hospital, and on the resignation of Mr. Lushington the Governors have at the same time been obliged to look for a successor who shall be well versed in business affairs and in touch with the wealthy firms and institutions of the City on whom the Hospital must in the future to a certain extent rely for its maintenance. In Mr. Bonsor they have found a gentleman of acknowledged experience and position in matters of trade and finance, a Governor himself who has throughout his Governorship shown the greatest practical interest in the Hospital; a politician who both in his constituency and in the House of Commons has performed his manifold duties with courtesy, tact and zeal.

Henry Cosmo Orme Bonsor, born on September 2nd, 1848, is the eldest son of the late Mr. Joseph Bonsor, of Polesden, Surrey, which property was bought from the executors of Richard Brinsley Sheridan, and was sold in 1853 to the present Sir Walter Farquhar. He was educated at Eton, where he early distinguished himself as a boy of considerable energy, as an athlete of no mean order, and gave signs of that head for figures which has made him such an invaluable friend in after years to institutions in difficulties and individuals in straights. He played in the school football eleven, rowed in the Boats, and before he left rose to the position of second captain of the Oppidans. In those days, however, his inclinations perhaps were rather towards football than finance, and probably the only personal connection he then contemplated with any hospital was one arising out of a broken collar bone or a fractured limb, rather than from a chest complaint on the part of the institution itself. In the opinion of many business men a University education, for those who intend to adopt a commercial career, means the expenditure of three valuable years at a most susceptible age in the expensive acquisition of strictly non-business habits; whether for this reason or no the fact remains, that after Eton and a trip abroad Mr. Bonsor got at once to work. He went into business in January, 1867, and, on coming of age in 1869, became a partner in the firm of Messrs. Combe & Co., who own one of the largest brewing businesses in this country. After applying his energies almost entirely to this work for several years, he gradually undertook other positions and responsibilities, for which by his experience he had become fitted. In 1882, he was elected a Governor of Guy's Hospital, and at once evinced a practical interest in the work of the great charity of which he was subsequently to become the chief director. He attended the meetings of the Court of Governors, and, when the establishment of the Nursing Institute was proposed in 1883, was amongst those who gave a handsome donation and enabled the project to be at once carried into execution.

In 1885 he became a Director of the Bank of England, and on the retirement of Mr. Thomson Hankey, was appointed to represent the Bank on the Commission for the Income-tax of the City of London. In the same year in which he entered the Bank of England, he was elected to Parliament as a Conservative member for the North-eastern or Wimbledon division of Surrey, in which Guy's Hospital is geographically included, and thus the tie to the county with which he has ever been so intimately connected was strengthened. In 1890 he was elected a member of the Distribution Committee of the Hospital Sunday Fund, a position which, however, he has now resigned, since as Treasurer of Guy's Hospital he represents one of the recipient institutions. In 1892 he was again returned to Parliament in the Unionist interest, increasing his majority from about 2,500 in 1885 to 4,800, the largest English Unionist majority recorded in the General Election. [His opponent on this occasion was Mr. T. A. Meates, and the wags of Wimbledon proclaimed it a struggle between meates and drinks.] Finally, in June of the present year he was elected Treasurer of Guy's Hospital. Besides the positions already mentioned, Mr. Bonsor holds those of a Deputy-Lieutenant for the City of London, Director of the firm of Messrs. Watney & Co., Magistrate and Deputy-Lieutenant for the County of Surrey, on the Council of which he has sat as an Alderman since its creation, Treasurer of Rudham Orphanage, and Deputy-Chairman of the South Eastern Railway Company. As member for the Wimbledon division he is president, vice-president, or patron of some forty cricket clubs, fifteen or twenty football clubs and other athletic clubs innumerable; he subscribes to over thirty social and political clubs, and to miscellaneous interests of various kinds throughout his constituency, and has been unfailing in his attendance, whenever possible, at their respective and exacting functions.

Mr. Bonsor has been twice married; first in 1872, to Emily Gertrude, daughter of the late James Fellowes, of Kingston, Dorsetshire, by whom he had six children, who were left motherless in 1882; secondly, in 1886, to Mabel Grace, daughter of the late James Brand, of Sanderstead Court, near Croydon, by which marriage he has two daughters. He lives at 38, Belgrave Square, S.W., and at Kingswood Warren, Epsom; and he is a member of the Carlton, Turf, and Arthur's Clubs.

As to physical development, he stands over six feet in his socks, and we should say he was by Nature a typical



H. COSMO O. BONSOR, M.P.

Englishman, whose vigour and determination lead those who associate with him to expect decided and effective action, while his common sense commands their confidence and his good nature gives promise of sympathy. Men are his books, and he thinks more of the matter than the binding, of the sense than of the style. A subtle brain may so deal with "facts" as to deceive itself as to their true significance, but any such specious arrangement in words he would tersely transpose into language of no æsthetic merit, but of emphatic simplicity; yet when the situation has been made clear, no one would be more ready to follow the guidance of a disposition naturally generous. He may be seen in and about the Hospital on Monday, Wednesday and Friday mornings of most weeks, and he has already shown that in cheeriness, energy and administrative power he does not fall short of the impression given on his first appearance. In short, Mr. Bonsor gives every prospect of becoming one of the most able and at the same time one of the most popular Treasurers that Guy's has known, and it may be reasonably hoped that his period of office, initiated so happily by a complete understanding between the Governors and Staff, may be famous to posterity for having witnessed the accomplishment of the great scheme of re-endowment, and the consolidation and perfection of all the interests of the Hospital and Medical School.

Correspondence.

To the Editor of GUY'S HOSPITAL GAZETTE.

Gynæcological Assistantships.

DEAR SIR,—Without wishing in any way to criticise the new appointments, I feel that the statement which appeared in the last number of the GAZETTE to the effect that the duties hitherto performed by the Obstetric Residents in the Out-patient department were "irksome and not very useful," should hardly be allowed to pass unchallenged.

So far from being irksome and unprofitable, the out-patient work was, in my own humble opinion, by no means the least valuable part of the duties of the Obstetric Residents, and I feel quite sure that that is the opinion of all those who like myself have held the appointment.—I am, yours faithfully,

VASELINE.

Miss Keogh.

DEAR SIR,—I enclose the following copy of a letter I am sending to old residents for the last twenty years.

"DEAR SIR,—It is with great regret I have to announce to you that we are losing a member of our nursing staff,—a member who for generations of Guy's men has been so fully incorporated with our institution that it will be hard to realise the surgery at night without her. I refer, of course, to Mrs. Keogh ("Auntie"). There is a widespread desire amongst Guy's men, past and present, that we should present her with a testimonial supplementary to the pension already granted by the Hospital. Mrs. Keogh has served the Hospital for over thirty years, and has been for twenty-five years in the surgery on night duty. It is not necessary to extol the qualities of such an old friend, for I feel certain that everyone will be glad of the opportunity of subscribing to her testimonial. Subscriptions might be sent to the editor of the GAZETTE, or to myself.—Yours very sincerely,

CECIL E. CARPMAEL."

(Sums received will be acknowledged by initials in the GAZETTE.—Ed.)

Delivery of Telegrams.

DEAR SIR,—Will you kindly allow me a few lines to suggest an improvement in the arrangement of the telegrams in the letter-rack at the front gate?

I have had the misfortune now in two cases—one of grave importance—not to discover a telegram till too late, owing to its being partially, I might say chiefly, covered by an over-lapping letter. In one case my initials were unfortunately incorrect, and I only saw the first three letters of my surname, which might have applied to several names. Not expecting a telegram it didn't strike me to investigate it.

The letter-rack is obviously too small, and I should suggest that, at any rate, the telegrams should all be put together in one row and enough space given to each,—or still better, a separate frame for telegrams might be put up at very little cost, and with the double advantage of giving more room to the already over-crowded letters and making the telegrams conspicuous.

I don't wish to cast any blame on the porter, for I think he does very well considering the inadequate space at his disposal.—I am, sir, yours faithfully,

A STUDENT.

Guy's Hospital Auxiliaries Mess.

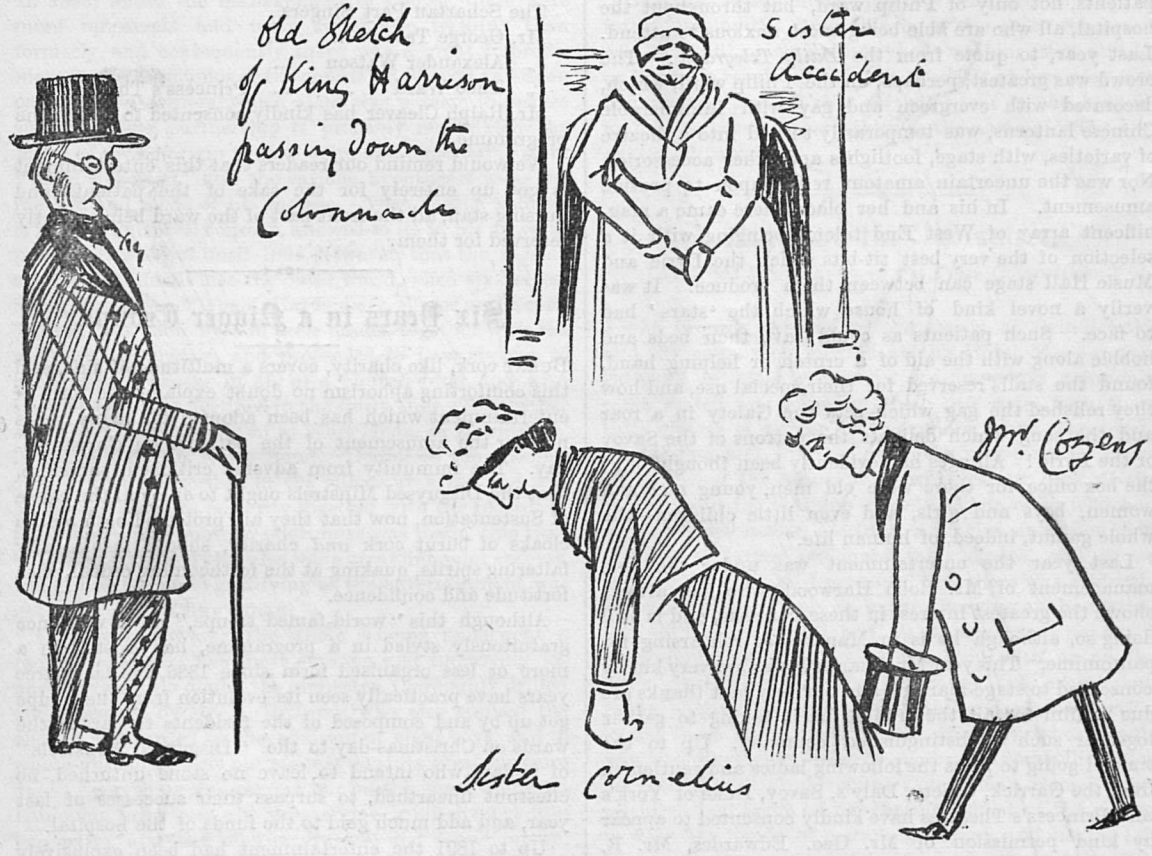
THE third annual dinner took place at the Holborn Restaurant on Friday, November 27th. Surgeon-Major R. Clement Lucas presided in his genial manner. The Staff was represented by Mr. Maggs and Mr. Hamilton, Mr. Hopkins being unable to be present. Among the visitors were General Boddam, Surgeons Robley-Brown, Beadnell and Reed. Many corps were represented, both by men from the hospital and by their friends. The concert after the dinner was a great success, the principal songster being Tom Godfrey. Others who contributed were Messrs. Hayward, Goldsmith, Shenton, McGavin and Barron, while Mr. Floyd kindly accompanied throughout the evening. The usual toasts were proposed and heartily received. "God save the Queen" brought a most pleasant evening to a close.

Under the New Regulations.

LICENSED LANDLADY.—"No, Mr. Slacker, I don't bring in no breakfast 'till you tell me why you were out so late last night. The Dean would never forgive me if I did."

Sketches from Memory.

By a Member of the Senior Staff.



Extract from Wilks and Bettany's Biographical History of Guy's Hospital, p. 142:—"His was a kind of paternal government; he filled the various offices with persons whom he could trust, and took a lively interest in the welfare of each. Those who were not in his favour styled the government despotic and arbitrary, and he soon obtained the epithet of "King" Harrison. The position he took may be seen in Cruickshank's caricatures, which adorn the walls of one of the rooms of the Medico-Chirurgical Society, where he is seen sitting on his throne and his subjects prostrating themselves in abject attitudes before him."

Mr. Cozens was sometime Clerk of the Works in the days that knew not Mr. Chapman, and that means over thirty years ago.

The other two portraits represent members of the nursing staff in days when the nursing staff were of a different order to the present. But concerning the nursing side of the hospital, we have learnt that it is better to be silent than to speak offhand.

Philip Ward Concert.

December 31st, 4 to 6 p.m.

Again this year many ladies and gentlemen most prominent in the theatrical world have very kindly promised their services in the cause of charity. Their efforts to entertain are always much appreciated by the patients, not only of Philip ward, but throughout the hospital, all who are able being most anxious to attend. Last year, to quote from the *Daily Telegraph*: "The crowd was greatest, perhaps, in the Philip ward, which, decorated with evergreen and gay with innumerable Chinese lanterns, was temporarily turned into a theatre of varieties, with stage, footlights and other accessories. Nor was the uncertain amateur relied upon to provide amusement. In his and her place there came a magnificent array of West End talent, bringing with it a selection of the very best tit-bits which the Lyric and Music Hall stage can between them produce. It was verily a novel kind of house which the 'stars' had to face. Such patients as could leave their beds and hobble along with the aid of a crutch or helping hand, found the stalls reserved for their special use, and how they relished the gag which sets the Gaiety in a roar and the song which delights the patrons of the Savoy or the Lyric! All ages had evidently been thought of at the box office, for there were old men, young men and women, boys and girls, and even little children—the whole gamut, indeed, of human life."

Last year the entertainment was under the able management of Mr. Robb Harwood, who has always shown the greatest interest in these concerts, and is still doing so, although he is in Manchester rehearsing for pantomime. This year Mr. Charles Ryley has very kindly consented to stage-manage, and our very best thanks are due to him for all the trouble he is taking to gather together such a distinguished company. Up to the time of going to press the following ladies and gentlemen from the Garrick, Gaiety, Daly's, Savoy, Duke of York's and Princess's Theatres have kindly consented to appear by kind permission of Mr. Geo. Edwardes, Mr. R. D'Oyley Carte, Mr. Levenston and Mr. Albert Gilmer.

Miss Alice Atherton... ...	
„ Rosina Brandram ...	Savoy Theatre.
„ Florence Dysart ...	Garrick Theatre.
„ Connie Ediss	Garrick Theatre.
„ Maud Hobson	
„ Maud Horne	
„ Dot Prosser	
„ Violet Robinson ...	Duke of York's Theatre.
„ Katie Seymour ...	Gaiety Theatre.
Mr. Cecil Barnard	
„ W. Barratt	
„ Louis Bradfield ...	Garrick Theatre.
„ Victor Champion ...	Daly's Theatre.
„ Hayden Coffin	Daly's Theatre.
„ J. Furneaux Cook ...	
„ Maurice Farkoa ...	Daly's Theatre.
Mr. Horace Gilmer	Princess's Theatre.
„ Barter Johns	
„ John Le Hay	Garrick Theatre.
„ Sidney Howard ...	
„ Ben Nathan	
„ Courtice Pounds ...	
„ Chas. Ryley	Garrick Theatre.
„ Walter Sweetman ...	
The Schartau Part Singers..	
Mr. George Tate	
„ Alexander Watson ...	
„ Theo Ward	Princess's Theatre.

Mr. Ralph Cleaver has kindly consented to design the programme.

We would remind our readers that this entertainment is got up entirely for the sake of the patients and nursing staff, all the front part of the ward being strictly reserved for them.

Six Years in a Nigger Troupe.

Burnt cork, like charity, covers a multitude of sins, and this comforting aphorism no doubt explains the form of entertainment which has been adopted for many years now for the amusement of the patients on Christmas-day. The immunity from adverse criticism, therefore, that the Disguysed Minstrels ought to enjoy in the cause of Sustentation, now that they are protected both by the cloaks of burnt cork *and* charity, should inspire any faltering spirits, quaking at the forthcoming ordeal, with fortitude and confidence.

Although this "world-famed troupe," as it was once gratuitously styled in a programme, has existed in a more or less organised form since 1886, the last three years have practically seen its evolution from the troupe got up by and composed of the residents to parade the wards on Christmas-day to the "Disguysed Minstrels" of to-day, who intend to leave no stone unturned, no chestnut unearthed, to surpass their successes of last year, and add much gold to the funds of the hospital.

Up to 1891 the entertainment had been exclusively confined to the wards, but in that year with Mackeson as interlocutor, and Jackson-Lang and Ralph as cornermen, the Guy's Ethiopians, as they were then called, made their first appearance outside the walls of the hospital. This was somewhere up in the north of London, in aid, I think, of some temperance society, a cause, by the way, more generally espoused by the niggers in precept than in practice. In this troupe were included such well-known names as Dr. Bryant and Dr. Stevens. It may be difficult now to imagine our learned and sedate medical registrar, attired in a black face and gorgeous apparel, drawing tears to the eyes of the audience by his pathetic rendering of "She's the only girl I lub," or Dr. Stevens in a correct suit of pearlies à la Chevalier, singing "Wot cher," and gaining repeated encores for an original dance, described in the programme as the "celebrated pig-walk." Messrs. Coulson and Michael,

both old favourites and well-known figures at the smokers of to-day, were also in this historic troupe.

The next year saw Mr. H. Durham as Massa Johnson, and Jackson-Lang, Allport and Layman as cornermen, this time under the name of the "Guy's Unaccountables." In was in this year that "Bobby" Robinson made his first appearance, and he was credited with having furnished a very reasonable excuse for the name assumed. In 1893, under the management of Cooper, there were more rehearsals and more systematic training than formerly, and consequently there was a great improvement in the harmonies of the chorus; Robinson and Spon occupied the corners, which alone was enough to ensure success. This partnership is probably remembered by many as giving origin to that weird and lamentable story "My dog is dead," and the various hypotheses as to the method and mode of his decease. That canine sufferer is now by universal consent, allowed to lie in his grave in peace. It was not until 1894, however, that the niggers again sallied forth into the outer world, when six heroes, Spon, Robinson, Michael, Hardenberg, Slater and Scott-Turner, took their lives in their hands, together with the rest of their luggage, and proceeded to Leytonstone, to perform at a bazaar in aid of a church fund, and with such success that, fortified in the spirit, they went further afield and journeyed down to West Meon, in Hampshire, in aid of a Parish Nurse Fund. Doubtless the account of that visit is inscribed in the village archives, and will be handed down to posterity together with the records of the Flood. Yet another pilgrimage was made, this time to Bletchingly, and this also was a great financial success, which was the more gratifying as the entertainment was got up by an old Guy's man.

Last year, however, the whole scheme underwent a radical change. The most striking and improving innovation was, no doubt, the orchestra, thoroughly drilled and rehearsed by Mr. R. R. Terry, who also trained the chorus, augmented by the addition of eight boys, and to whose untiring efforts our success was in a great measure due. Everything was carried out on the most approved Ethiopian principles, the programme being divided into two parts, and the chorus dressed in "coon" attire, striped knickerbockers and white shirts, with Carpmael as interlocutor and slave-driver combined, crowned with a wonderful cow-boy sombrero, which looked like a cross between a Murphy's button and a *matinée hat*. It would be hard to find in any nigger show items to come up to the "Dudes' Dance" of Shepherd and Michael, and Allport's "Dandy-coloured Coon."

Considering that it was a first attempt in organised public performances the result, a cheque of £234 to the treasurer, must be considered very encouraging. Six entertainments were given, viz., at Brockley, Peckham, Southwark, West Norwood, Woodford and Surbiton, and produced £410 as gross earnings, or an average of nearly £70 a night. This year even greater things may be expected, as although the loss of both Spon and Robinson is a great blow, their places are to be filled by Allport and Miller, a combination hard to beat.

The composition of the present troupe is at present not quite decided, but S. G. Layman will be interlocutor, Allport and Collins bones, Scott-Turner perhaps and Cazenove tambourines, and of last year's troupe besides, there will be Jackson, Hicks and Shepherd. Besides the boys in the chorus there will also be a boy soloist, and to wind up the programme Allport and Miller's sketch, "Hamlet and Ophelia."

One cannot say much of things that are still in the future, but by the time this is in the press rehearsals will be in full swing and everybody working hard, and let us hope the result will be that the £234 of last year may be increased to £500 this, so that a cot in the hospital may be endowed in perpetuity in the name of "The Disguysed Minstrels."

A. S. T.

A Night on the "Eismeer."

(Awarded second prize in the Prize Competition.)

T'WAS towards the end of the season at Grindlewald, and the remaining visitors at the Hotel E——r were gathered in little groups in the luxurious verandah, some seated and enjoying their *café noir*, with their little glasses of cognac by their sides, while others were strolling up and down enjoying the post-prandial cigar, all admiring the beautiful phosphorescent pink of the rarely occurring "Alpine glow." Some of us who had arrived home rather late from a glacier excursion, had just left a rather prolonged table d'hôte, and as we came out of the hall I perceived that there was evidently something of an exciting nature brewing at the further end of the verandah, and on approaching nearer I recognised that a lady who had been with us on the day's expedition was the centre of the excitement. Being slightly acquainted with the rest of the party I joined them and discovered that the lady, whose name was Miss Thompson—who by-the-bye was travelling with her father, a jovial old country clergyman from Somersetshire—had taken off her bracelet whilst on the glacier to wash her hands in a cooling torrent, and having left it on a prominent piece of ice, had forgotten all about it when we departed homewards; hence the cause of all the excitement.

I think it will be admissible here to give a short description of the glacier expedition we had made during the day in order to make clear the circumstances of this story. A party of nine of us had set out at 10.30 a.m. for the "Eismeer," a huge glacier or "sea of ice," whence its name. Our party consisted of Miss Thompson and her father, another younger curate, who was staying at Grindlewald for his health, a young Scotch married lady with her husband and father, a middle-aged but active Irishman and a friend of his, and yours truly, the youngest of the party. We had ascended by the rather tedious path to the bleak Baregg hut, which commands an excellent view of the famous Eismeer glacier. From the Baregg hut we had to descend about 200 feet down a

perpendicular wall of rock by means of rather shaky ladders. The younger parson left us at the hut, as his nerves would not permit him to descend the ladders. At the foot of the ladders our guide led us rather slowly across the moraine, and after steadily plodding along for about half-an-hour we reached the more uncertain part of the glacier, and as I looked down the yawning crevasses on each side of the ridge of ice on which we were walking, I did not realize that I should make an enemy of them before the day had expired. After an hour's walk we reached the base of the Zässenberghorn, and here most of the party halted to have lunch, while three of us ascended the Zässenberghorn. It was while we were away that Miss Thompson had left her bracelet on the ice. When we three returned to the glacier, I recollected seeing the bracelet, but concluded that its owner was also aware of its position; however, it was otherwise, and the lady did not discover her loss until the dinner hour, so this was the cause of the aforesaid excitable little group which had collected round Miss Thompson and her friends.

Unfortunately, the lady was leaving on the morrow for Lucerne, and as she treasured the bracelet considerably, was in great despair at her loss. The fire of adventure was kindled within my breast; should I go and seek the bracelet that very night, and restore it once more to the fair owner's wrist? I proposed it, but older heads than mine were shaken at the suggestion. However, I declared that the adventure would be quite novel to me, and that there would be absolutely no danger as I could get a guide at the Baregg hut, descend to the glacier, obtain the bracelet, and be back in two and a half hours, and with much reluctance, I was permitted to depart on my nocturnal expedition, with many words of caution as to how many guides I should take, etc. So, fitting on my strong ice-nailed boots, and grasping my ice-axe in one hand, and a sort of ship lantern borrowed from the hotel in the other, I departed on my journey, being sure of meeting a guide at the Baregg hut. The road at first was easy enough, leading down past shepherd châlets to the rough wooden bridge which spans that mountain river, the Luchise, at this time far more rapid than normal owing to the recent rains. Across the river the ascent begins, at first easily through fir woods; but further on above the level of vegetation an almost perpendicular precipice bounds the path on the outside, and considerable care has to be exercised even in daylight, therefore, much more so at night, as a false step might at any moment precipitate one into eternity. Every moment now I was expecting to see the lights of the Baregg hut; surely it could not be far from the zigzag path I was then ascending; but after another minute the black building flashed out against the sky like a developing plate in the hands of a photographer. But where were the lights I had expected to see? The inmates could not have retired to bed, it being then only a little later than nine o'clock. Arrived at the door I tapped softly with the blade of my ice-axe. No answer. After waiting a minute I tapped again but harder. Still no answer. I tapped louder still and called out loudly. Not a voice returned my call save the echoes of the mountains which loomed up above me in front and on either side. Then it dawned upon me that the hut was deserted, and that I should obtain no guide there to help me and I had better return. But the fiend said "Don't be done old chap," so I sat down on the solitary seat, lighted my pipe, and thought. Should I return beaten? No, surely I could cross that wretched dust heap of a moraine, and as for the ice, I remembered that I could have found the way this afternoon without a guide it seemed so easy. So after taking a nip of cognac from my flask I felt fit for anything.

Unfortunately I did not then perceive that the stars had disappeared, and that a mantle of clouds covered the high peaks around me, or I should have returned. Proceeding along the path which leads to the ladders I at length reached them and descended very cautiously to the moraine. Once on the moraine, then and not till then did the sense of loneliness reach me, and it came upon me so suddenly that I felt my heart quiver within me. Here was I, a solitary individual, cut off from all vegetation and human beings, alone in the dead of night on one of the greatest marvels of nature, the treacherous glacier, surrounded on all sides by snowy peaks, whose heads loomed up above me; on the right the Eiger, on the left the Mettenberg, while far away in front rose the end of the ridge of the famous Jungfrau (young lady), modest but cruel-looking in her wintry raiment, from whose heights vast masses of snow in the shape of avalanches, crashing to the valley beneath, I had often viewed before, and had heard of as falling after a heavy rain even on that glacier on which I was now standing. What if one were to crash down on me now? But gloomy forebodings would not do if I was to reach that bracelet, as I had yet some distance to go. With the help of the lantern I found I was not mistaken in the fact that I had no difficulty in finding the way, and after a repeated up and down over the hummocks of ice, I reached the place where I remembered to have seen the bracelet. Not there. My efforts had been all in vain. But wait. What was that glistening in the rays of my lantern a few yards off? Was it only the reflection from the ice? No—there was the bracelet on an identical pinnacle of ice to the one I had first seen. I picked it up—what a treasure in so desolate a landscape — and secured it in my breast pocket.

How easy it had been to get there! I could get back with fast walking in an hour and a quarter. But I had not calculated on what was to follow. I started out on the homeward journey quite content with myself. I had noticed a sharp wind from the mountain direction, but concluded that it was only the change of the direction in which I was walking that influenced me to notice it; however, a sharper gust than usual blew my lamp out, and I was left in total darkness. Of course I could easily light it,

but I had only a few matches, and I must keep one for my pipe at the Baregg hut, to accompany me on the way down. The first match I struck was blown out; I had not taken sufficient care. I struck a second one. Success this time. I opened the door of the lamp and applied it to the wick; it refused to light, but only charred. I shook the lamp. Ah, that was the cause. No more oil left. The dilemma of this did not first strike me, but it gradually dawned upon me that I should have to feel my way over those ice ridges in the dark. However, I should soon get used to that.

So I set out, slowly at first, picking my way carefully and digging the point of my ice-axe well home into the ice to get a firm hold. The wind I noticed by this time had increased; then snow was beginning to fall heavily, and I was soon enveloped with a mantle of snow. Astounded, I pulled up suddenly on the edge of a huge crevasse whose mouth was quite six feet across. I had mistaken the way; although the idea had occurred to me before that I was nearer to the Eiger than I should be, I had concluded that it was a mere hallucination of the darkness. There was nothing for it but to retrace my steps. Jumping on to a hillock of ice I attempted to scan the darkness, when suddenly, not far behind me, a roar like thunder burst upon my ears, which froze the very "myeloplaxes" of my marrow. An avalanche from the Eiger. Great heavens! how truly awful. The very ice on which I then stood rocked like an earthquake, and every moment I expected a yawning crevasse to open beneath me and swallow me up. I could discern huge dark masses of snow being hurled with gigantic force on to the ice not thirty yards from where I stood. It continued for about two minutes unceasingly; then all was silent save for the eternal rushing of some snow-water torrent in the chilly depths beneath me. I sat down and considered what was the best thing to be done under the circumstances. In front of me was the yawning crevasse; behind was the huge mass of fallen snow, which I dared not approach in case of a repetition of that fearful thunder roll which is the dread of all mountaineers, and a warning to the inhabitants of the plain to beware. To the left of me rose the gaunt figure of the Eiger with a sheer wall some hundred feet high. My only chance was to the right. Thither I proceeded only to find that the crevasse widened and curled round behind me to join that huge mass of fallen snow. My hopes began to sink, and I was getting numbed with the cold. I must be doing something or I should be frozen to death in the very heart of the Alps. To jump that crevasse was my only chance.

Only six feet across, and I knew I could jump fifteen, but that was on grass and with a run. But ice was different. One slip on the brink and I should never be heard of again. The gruesome story in Bäedeker was recalled to my memory of how a young man engaged to be married fell down a crevasse and was not heard of till forty years afterwards, when his corpse was discovered in a fresh condition at the foot of the glacier, and the lady, who was then seventy, saw the lover of her youth, still youthful and preserved by the ice. My whole life came up before me. The jolly time I have had at Guy's. Oh, if I were safely in the Wax Model Museum studying anatomy! Shades of the Commisonaire and Hancock floated before my eyes, and vanished with beckoning hands into the yawning chasm beneath. Jump that chasm I must or die in the attempt. The trusty flask of cognac again came to the rescue in restoring me to myself. Throwing the lamp away I heard it with a shudder crash against wall after wall of that chasm to the bottomless depths below. Grasping my ice-axe firmly in both my hands, with one foot back and the other on the brink, with all the available energy I could summon I made a frantic spring. One foot across. O horrors, I was falling back. No, that ice-axe saved me. With all my might I drove its point hard into the ice beyond, and a quick pull of the arm landed me safely on the home side of the chasm somewhat exhausted with my efforts. Picking myself up after my most miraculous escape I encountered no more difficulties, and reached the moraine in safety.

Once at the ladders I knew I was safe. Up the ladders to the Baregg hut was a minute's work in my cold condition. At the hut I once more lit my pipe with the only match I had left, and a brisk walk of three quarters of an hour brought me once more to the old Luchise Bridge, which I had passed quite two and a half hours previously. I should be home in ten minutes now. But what was this concourse of people whose sight I so gladly welcomed? On approaching I saw that they were a whole party of guides and others who had been sent out by the hotel people to look for me, being greatly alarmed at the idea of my having gone towards the glacier at such a dangerous season. In due course I arrived at the hotel, and no one would credit I had been on the glacier until I presented Miss Thompson with her bracelet, which she had never expected to see again. And what with drinks and congratulations from the hotel visitors, and the sweet smile with which Miss Thompson greeted me, I do not altogether regret that fearful night on which I started on a foolhardy nocturnal expedition to the "Eismeer Glacier."

September 8th, 1896. H. A. GAITSKELL.

Appointments.

CIVIL.

Dutton, Edward George, M.R.C.S., L.S.A., has been appointed Medical Officer for the Eastern District of the Plymouth Incorporation.

Thomas, D. W., M.R.C.S., L.R.C.P., has been appointed Assistant House-Surgeon at the Royal Portsmouth Hospital, *pro tem.*

MILITARY.

Surgeon-Colonel Henry S. Muir, M.D., is promoted to be Surgeon-Major-General, *vice* C. H. Giraud, retired.

The services of Surgeon-Captain E. C. Hare, Indian Medical Service, are placed permanently at the disposal of the Chief Commissioner of Assam.

Examining Board in England

Of Candidates for the License of the Royal College of Physicians and the Membership of the Royal College of Surgeons.

1897.

The Examinations in the several subjects will commence on the following dates, viz.:—

First Examination.

Elementary Physiology.—Elementary Biology.—Tuesday, January 5. Tuesday, March 23. Tuesday, July 27. Tuesday, October 5.

Chemistry, including Chemical Physics.—Tuesday, January 5. Tuesday, March 23. Tuesday, July 27. Tuesday, October 5.

Materia Medica and Pharmacy.—Wednesday, January 6. Wednesday, March 24. Wednesday, July 28. Wednesday, October 6.

Second Examination.

Physiology.—Thursday, January 7. Thursday, March 25. Thursday, July 1. Thursday, October 7.

Anatomy.—Friday, January 8. Friday, March 26. Friday, July 2. Friday, October 8.

Third or Final Examination.

Medicine.—Wednesday, January 13. Wednesday, April 7. Wednesday, July 7. Wednesday, October 13.

Midwifery.—Thursday, January 14. Thursday, April 8. Thursday, July 8. Thursday, October 14.

Surgery.—Friday, January 15. Friday, April 9. Friday, July 9. Friday, October 15.

Every Candidate intending to present himself for Examination is required to give fourteen days' notice in writing *through the Post* to the Secretary, Examination Hall, Victoria Embankment, London, W.C., at the same time transmitting the necessary Certificates.

All Fees must be paid not less than three days prior to the day on which the Examination commences.

Synopsis indicating the range of Subjects in the Examinations in Chemistry, including Chemical Physics, Materia Medica, Pharmacy, Elementary Physiology, Elementary Biology, Physiology, Forensic Medicine, and Public Health may be obtained together with the Regulations.

From the Gazette's Special Pathologist.

All specimens—particularly those of solid tissues—should be accompanied, if possible, by a short clinical and post-mortem history, and a postal order for 2s. 6d. An extra charge of 6d. per slide is made when prepared sections are to be forwarded.

Directions to be followed in sending *Diphtheritic Membrane*:—Remove as much of the membranous exudation as possible with a pair of forceps, which have been sterilized by boiling water. Place the exudation in a small, perfectly clean empty bottle, with a well-fitting glass stopper, and forward without delay. No preservative fluid should be used. The specimen must be accompanied by a Postal Order for 5s. A telegram will be despatched immediately the examination of the specimen is completed.

NOTICES.

E. R. M., Hastings.—Tubercle bacilli are present in the sputum in fair numbers.

T. K. H., Hampstead.—No tubercle bacilli could be found in the sputum.

H. P., Gravesend.—The tumour is an encapsuled soft fibro-adenoma of the breast, the stroma of which has undergone mucoid softening in places.

PATHOLOGIST.

Novelties.

PHARMACY, MATERIA MEDICA, Etc.

Filmogen.

Collodion as a protective film is by no means perfect. The ordinary surgical kind cracks, and is easily detached from the skin; even with the addition of castor oil and Canada balsam (collodium flexile) it is not difficult to wash off. Liq. gutta percha B.P. or traumaticin is in some respects preferable to collodion for the application of skin remedies. The film produced is not affected by water, and can only be removed by chloroform.

Messrs. Thos. Christy & Co., 25, Lime Street, E.C., have just introduced a new medium for applying to the skin such drugs as are used in dermatology. This preparation is supplied under the name of Filmogen. It is a solution of pyroxylin in acetone, to which is added a very small quantity of oil, to render the film flexible after evaporation of the acetone. Most of the remedies used in dermatological practice are soluble in this medium to a very considerable extent, such as salicylic acid, resorcin, pyrogallic acid, hyd. perchlor., chrysarobin, cocaine, ichthyol and carbolic acid; whilst others such as sulphur, lead acetate, zinc oxide, lead iodide can be easily suspended. Filmogen appears to be in every respect superior to the film-forming solutions already in use. The evaporation of the acetone produces merely a cooling sensation. On open wounds the application smarts for a second or two. The film produced is flexible and adheres firmly to the skin. It can be washed with water without being affected, but is easily removed by rubbing with a little methylated spirit. On account of the solubility of iodoform, hyd. perchlor., and carbolic acid in Filmogen, there is a possibility that this solution would be found useful for antiseptic surgical dressings.

Chinosol Antiseptic Dressings.

Some time ago a note was given in the Gazette upon Chinosol, an antiseptic just introduced by B. Kühn, 36, St. Mary-at-Hill, E.C., which brought with it remarkably good credentials as regards its antiseptic properties. It is a yellow crystalline powder readily and

completely soluble in water, yielding a bright yellow solution, which does not stain the skin. It is non-poisonous and non-corrosive. As a germicide, Chinosol has been experimentally proved to be upwards of forty times stronger than carbolic acid.

Chinosol Antiseptic Dressings are manufactured under special licence by John Milne, Antiseptic Dressings Factory, Ladywell, S.E. A gauze, lint, and wool, are made each containing three per cent. of the antiseptic.

Chinosol can be obtained in tablets of fifteen grains, which are very convenient for making solutions.

Sport.

Association Football.

GUY'S 1ST XI. v. OLD HARROVIANS.

Played at Honor Oak Park on Saturday, December 12th, resulting in a win for Guy's by three goals to none. Thomas had not to save once, the ball not going behind Guy's goal-line at all in the second half. Perhaps this state of affairs made the team, with one or two exceptions, take it easily, as undoubtedly more goals could have been obtained. Team: —

GUY'S.—A. R. Thomas (goal); C. T. Hilton and E. A. Longhurst (backs); R. W. B. Hall, McAlpin, R. H. J. Swan (half-backs); C. E. Davies, A. Pearson, W. Hughes, L. Humphry, C. F. Whitcombe (forwards).

GUY'S 2ND XI. v. WALLINGTON.

Played at Wallington on Saturday, December 5th, and resulting in a win for the home team.

The ground at Wallington was more suitable in places for a switchback railway than football, but the game afforded amusement to an enthusiastic group of spectators, principally small boys, who considered that the goal posts needed support. Our opponents made the most of their superior weight by playing a rough game. They scored the only goal of the match by a centre from the left wing, which was headed through in rather a lucky manner. Our men made unceasing efforts to equalize, and should have done so, especially in the second half, but for the most erratic shooting. Ash and Pearson played well, but used very little judgment in passing, and Camps on the right wing was not made enough use of.

The backs played a very good defensive game, though the halves gave them little help.

During the second half, the spectators, principally small boys, as remarked above, mistook a scrimmage in the darkness for a free fight, and rushed wildly across the field to the scene of combat; their disappointment on finding out they were mistaken was great, and they only slowly retired from the field. Team :—

GUY'S.—P. H. Ward (goal); D. G. Greenfield, V. Smith (backs); H. Tepping, L. G. Nash, Braithwaite (half-backs); L. J. Hughes, J. Ash, A. Pearson, M. A. Collins, P. W. Camps (forwards).

GUY'S 2ND XI. v. VAMPIRES (reserves).

Played at Norbury on Saturday, December 12th, and resulting in a drawn game, each side scoring two goals.

The ground was in a very slippery condition owing to the rain, and this made accurate play impossible. We had a fairly strong team, and were unlucky in not winning. Our opponents scored twice before the interval, their second goal from a shot which might easily have been stopped but was bungled by our goal-keeper. Before the interval we were pressing, and several shots went just wide of the goal.

During the second half Ash scored twice in succession, and there was every probability that we should have scored again when the referee stopped the game owing to the increasing darkness.

Miller and Fremantle were the pick of the forwards, and the two Greenfields at half and Smith at back did good service. Throughout the game we played a man short. Team:—

GUY'S.—P. H. Ward (goal); F. J. Turner, V. Smith (backs); H. Greenfield, D. G. Greenfield, Chandler (half-backs); P. W. Camps, J. Ash, A. A. Miller, F. E. Fremantle (forwards).

Rugby Football.

GUY'S 1ST XV. v. OLD MERCHANT TAYLORS'.

This match was played at Richmond on Saturday, December 5th.

Old Merchant Taylors' kicked off and Alexander returned to half-way; from the line-out the ball was carried to the home twenty-five by a good rush of the forwards; after a few scrums Guy's had a penalty awarded for Parham taking the ball out of the scrimmage, and Alexander kicked a splendid goal from over the twenty-five line. On resuming, Guy's continued to have the best of the game, and Wetherell was conspicuous for a good dribble; shortly after, a good round of passing was started by the half-backs, the ball passing successively through the hands of all the three-quarters, Morgan making a good opening and passing to Alexander, who passed to Rae, the latter running in. Alexander converted from rather a difficult angle. Guy's continued to press and had hard lines in not scoring on two occasions, once when Wetherell dribbled over but failed to hold the ball, and again when Alexander passed to Morgan who would have had a clean run in, when the referee, to everyone's surprise, whistled back for a forward pass. Half-time:—

GUY'S ... 1 penalty goal and 1 goal.
OLD MERCHANT TAYLORS' nil.

After the usual interval Goddard kicked off; the ball was well returned, and play was for a short time in our twenty-five, the forwards, however, soon carried the ball back and by dint of hard work kept play in the home twenty-five for the next ten minutes. After this the game was more even, both sides trying to get away, but without success. Once when Guy's looked like scoring Walker ran the three-quarter too close to the touch-line

and spoilt a good opportunity. About ten minutes from time, Alexander was tackled just as he kicked, and had his shoulder injured, and had to retire; Rashleigh came out of scrum to take his place, and for the remainder of the game Guy's had to act on the defensive. Just on time Old Merchant Taylors' scored a try by Walters, after a good run by Lulham; the kick failed and the game ended in a win for Guy's by eight points to three.

Remarks.—Ransford at full-back picked up and kicked well, but did not tackle so well as usual. Morgan at three-quarter was a distinct success; though slow at getting away he is cool and shows good judgment. Jackson's kicking was erratic and will improve with practice.

The forwards showed greatly improved form, one great improvement being that they got the first shove in scrum, and were therefore able to obtain the ball much more frequently than their opponents; the packing was much better, and the wheeling at times good. The tackling should be much more decisive, and more keenness is necessary in backing up, as this is one of the worst faults of the pack as a whole. The forwards must also be careful not to kick too hard in the loose, as a good rush is often spoilt in this way.

GUY'S 1st XV. v. COVENTRY.

Played at Coventry on Saturday December 12th. Guy's kicked off in pouring rain, with the ground in a sodden condition. Coventry playing with the wind, pressed at first, but faulty play by the backs let Wetherell and Walker in with a good dribble, and Rae, kicking over the line, scored; Walker failed with the place kick. Coventry then had two attempts at goal, one from a penalty, and one from a mark by Orton, both of which were fruitless. Some even play ensued, and then Coventry forwards got away with a good rush, and Bradshaw, dribbling over the line, scored; Lovett converted. The teams were about in midfield until Coventry were penalized; Guy's continued to attack, the forwards playing very well in the loose. Coventry lost a lot of ground by trying to pass, and Wetherell and Walker were frequently conspicuous for good dribbles. The game became more and more of a mud struggle the players getting highly decorated. A burst by the Coventry forwards let in Wells, who dribbled over the line and fell on the ball; the place kick failed. Half-time:—

COVENTRY	...	1 goal, 1 try.
GUY'S	... ...	1 try.

Twenty-five minutes only were played each way and play proceeded immediately; Coventry had the first look in, only to be driven to the centre. Guy's again took advantage of missed passes to dribble away and the full-back saved well, but on being collared by Rowe, dropped the ball, and Rae scored. Wetherell's place kick was a freak. Give-and-take play continued for the rest of the game, and Ransford several times saved well. The game ended in a victory for Coventry by eight points to six.

Remarks.—Good football was out of the question as it rained hard all the time. The forwards deserve mention for playing a hard game all the way through, and especially for good play in the loose. Ransford saved well, and Wetherell and Walker made the most of the opportunities afforded them when Coventry heeled out.

GUY'S 2nd XV. v. BROCKLEY.

Played at Lee, on December 5th. The condition of the ground made the game a forward one throughout. Guy's had the better of the first half, but though nearly getting in once or twice, at half-time neither side had obtained the lead. In the second half Brockley played up, and gained two tries, neither of which was improved upon. Guy's nearly scored after a fine dribble by the forwards, but the ball went into touch in goal. Rowe, Tyson, Featherstone and Ayre-Smith were best of the forwards; the outsides stood no chance of showing up well with such a greasy ball. Barrow, Harris and Evans were best. Team:—

Guy's.—P. Evans (back); J. Harris, J. H. Brydone, H. P. Barrow, H. Parratt (three-quarter-backs); E. C. Dowsett, L. Pern (half-backs); W. Tyson, E. R. Rowe. G. Shorland, A. A. Smith, F. R. Featherstone, C. B. Penny, G. Dadd, C. T. Hilton (forwards).

We have just received the draws for the Association Cup Ties. It will be seen that Guy's ought to have no difficulty in reaching the second round, and, if rumour speaks correctly, the winners of last year will have to improve considerably to retain the trophy this season. Guy's having come first out of the hat, consequently have choice of ground in the first round, and the tie will, therefore, be played at Honor Oak Park.

First Round.

a	Bart's	v.	Charing Cross.
b	Mary's	v.	Middlesex.
c	Guy's	v.	University.
d	London	v.	Thomas's.

Second Round.

Winner of *a*	v.	Winner of *c*
Winner of *b*	v.	Winner of *d*

Since last issue there has been both joy and sorrow in the Rugby camp. Joy, because of the decisive win over the Old M. T.'s and the creditable game with Coventry, when, with six of the team away, the Hospital were only beaten by the result of a place kick. Sorrow, because our plucky little captain has met with a recurrence of the accident that befell him last year in the Surrey v. Yorkshire match. The team is now without either of its centre three-quarters, but let us hope that with careful treatment they may yet be able to take their places when cup ties come round next year.

Births.

KIDD.—On December 2nd, the wife of Walter Kidd, M.D., of Montpelier Row, Blackheath, of a son.

REEVES.—On December 6th, at 6, Streatham Hill, S.W., the wife of Albert Reeves, M.R.C.S., L.R.C.P. Lond., of a daughter.

Ed.—F. E. F.

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